



# Idaho State Board of Pharmacy

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## Change of Pharmacy Hours

Pharmacy License #: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pharmacist in Charge (PIC): \_\_\_\_\_

### Current Pharmacy Hours

Day	Hour beginning	Hour ending
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### New Pharmacy Hours

Day	Hour beginning	Hour ending
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Signs Posted:  Yes  No Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of PIC

\_\_\_\_\_  
Date