



Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

NAME CHANGE REQUEST

Requests for a name change on current Board of Pharmacy licenses/registrations can be made using this form. Complete the form ***in its entirety, sign*** and return by email or mail to the Board of Pharmacy.

Please complete the following information:

Effective date of change _____

License/Registration # _____

Current name on registration _____

New name _____

The following documentation must be included to complete your name change (BOTH documents are required):

1. Copy of legal document allowing name change i.e., divorce decree, marriage certificate, etc
2. Copy of corrected government issued photo identification

Is there an address change? List below

Practice _____

Home _____

Mailing _____

Phone (h) _____ (w) _____

Email _____

As the photo identification forms do not fax well, please scan and email your documents and request to info@bop.idaho.gov or mail to PO BOX 83720, Boise, ID 83720-0067.

Signature: _____
(A signature is required to process this form)

Date: _____