



Idaho State Board of Pharmacy

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Pharmacy Technician–in-Training Waiver Request

This waiver is for high school students. It is not meant for adults who have not earned a high school education or equivalent.

The Idaho State Board of Pharmacy has given the Director authority to approve waivers under two conditions:

1. The applicant is at least 16 years old and is enrolled in a school supervised program OR
2. The applicant is at least 16 years old and is the child of the pharmacy owner

The completed waiver request form must be attached to the Pharmacy Technician-In-Training Application

ATTACH FULL SIZE COPY OF DRIVER'S LICENSE OR STUDENT ID HERE.
The picture must be clear and the signature readable!

IF SUBMITTING COPY OF YOUR PASSPORT, USE A SEPARATE SHEET OF PAPER.

We communicate by email. Make sure email addresses are valid and easy to read.

Student Name _____

Student's email address _____

Waiver Requested: Age requirement Education requirement

Parent or Guardian must give permission to allow minor to be fingerprinted and go through back ground check.

Parent/Guardian printed name _____

Parent/Guardian signature _____ Date _____

School Name: _____ Phone _____

Program Coordinator or School Official who supervises this program _____

Email _____

Signature _____ Date _____

Pharmacy PIC's Signature _____ Date _____

Email _____

Board of Pharmacy use only

Director Signature _____ Date _____