



# 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

## Individual Employment Change and/or Additional Employment Notice

### Individual Information:

Registration/License #: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employment Information:

Current Employment  Previous Employment  Not Applicable:

Last Date of Employment: \_\_\_\_\_

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

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

New Employment  Additional Employment:

First Date of Employment: \_\_\_\_\_

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

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

New Employment  Additional Employment:

First Date of Employment: \_\_\_\_\_

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

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

New Employment  Additional Employment:

First Date of Employment: \_\_\_\_\_

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

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

I certify the information contained in this application is true and correct to the best of my knowledge. Idaho Code 37-2734 (a) It is unlawful for any person knowingly or intentionally: (4) to furnish false or fraudulent material information from, any application, report, or other document required to be kept or filed under this act, or any record required to be kept by this act.

Printed Name Registrant/Licensee: \_\_\_\_\_

Signature of Registrant/Licensee: \_\_\_\_\_ Date: \_\_\_\_\_