



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

Required Documents Veterinary Drug Technician Registration

The following requirements must be met with the submission of the application

1. Answer all questions, if a question does not apply enter 'N/A' for Not Applicable
2. Registration Fee - amount indicated on the application
3. Proof of High School Graduation, equivalent, or greater: submit a copy of one of the following;
 - High School Diploma
 - GED
 - High School or College Transcripts that indicate date of graduation
4. Copy of government issued photo ID – (Do not fax as they are unreadable and the picture unrecognizable)
 - Driver's License
 - or
 - Passport
5. Completed Fingerprints
 - To request a fingerprint packet send an email to info@bop.idaho.gov
 - See 'Fingerprinting Processing Instructions' form for the current background check fee
6. Non-Criminal Justice Applicant Privacy Statement – included in fingerprint packet
7. Refer to the 'Veterinary Drug Technician Training Information' document for Veterinary Drug Technicians form for study/testing purposes
8. All individual registrants/licensees must register to receive the Idaho State Board of Pharmacy Newsletter. To subscribe to the Idaho State Board of Pharmacy Newsletter Alert e-mail list, send an e-mail to IdahoBOPNewsletter@nabp.net with the word "Subscribe" in the subject heading.



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Idaho Veterinary Drug Technician Registration Application Fee \$35 (plus applicable background check fee)

Name: _____

Date of Birth: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Ph#: _____ Home Email: _____

Veterinary Drug Outlet Registration #: _____ Business Name: _____

Veterinary Drug Outlet Physical
Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Office Ph#: _____ Office Fax#: _____

Work Email: _____

I have received my high school diploma or equivalent (attach proof)

Have you held any registration with the **Idaho** Board of Pharmacy under this or another name?

No Yes, Name: _____ Registration #: _____

Have you, at any time; (if answer is yes to any of the following attach all related documentation);

- Had a physical, emotional, mental, alcohol abuse or substance abuse disease or condition that may interfere with your ability to competently and safely perform the essential functions related to the practice of pharmacy. No Yes
- Been the subject of a completed or pending administrative action regarding any of your professional licenses, registrations, or the equivalent in Idaho or in another state. No Yes
- Had a professional license or registration suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation/s). No Yes
- Been found guilty, convicted, or received a withheld judgment or suspended sentence in Idaho or another state, of a felony or of an act involving moral turpitude or gross immorality, or an act which is otherwise related to the qualifications, functions, or duties of a licensee or registrant, or of a violation of pharmacy laws or regulations. No Yes

STATEMENT OF VETERINARY DRUG TECHNICIAN APPLICANT- I have studied and understand the Idaho rules regarding veterinary drug technicians and I will comply with them as well as Federal and State laws regarding Pharmacy. I hereby certify that the above statements are true and correct.

54-1726.GROUNDS FOR DISCIPLINE. (1) The board of pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the license or registration of any person, pursuant to the procedures set forth in chapter 52, title 67, Idaho Code, upon one (1) or more of the following grounds: (d) Fraud or intentional misrepresentation by a licensee in securing the issuance or renewal of a license.

Signature of Applicant: _____ Date: _____

Signature of Manager: _____ Date: _____

Issue Date: _____

Reg/Lic #: _____

Results: _____

Office use FP to ISP: _____