



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 Non-Resident Pharmacist Registration

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

1. Submit copy of the Resident State Pharmacist License and/or print-out from resident state license website
 - Must show proof that such license in good standing to include if there is discipline on file or not
2. Submit copy of a Government issued photo ID – driver’s license, or passport
3. Submit completed fingerprint card & fee for the background check
 - To obtain, send an email to info@bop.idaho.gov to have ‘Fingerprint Packet’ mailed
 - See ‘Fingerprinting Processing Instructions’ form in the ‘Fingerprint Packet’ for the current background check fee amount
4. 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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Application for Non-Resident Pharmacist Registration Fee: \$250 Initial Registration (plus background check fees)

Position: Pharmacist in Charge or/Director of Pharmacy Staff Pharmacist (Hospital Only)

Name: _____

Date of Birth: _____ SS#: _____

Home Address: _____

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

Ph#: _____ Home Email: _____

Mail Service Pharmacy Idaho License #: _____ Business Name: _____

Mail Service Pharmacy Physical Address: _____

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

Work Ph#: _____ Office Fax#: _____

Work Email: _____

If different than physical Mailing Address: _____

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

Resident State Pharmacist License #: _____ Expiration Date: _____

1. Do you hold an active pharmacist license, in good standing, in the state from which you practice pharmacy? No Yes

2. Are you the Pharmacist in Charge at more than one location? No Yes

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

1. 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

2. 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

3. Had a professional license or registration suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation/s). No Yes

4. 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

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: _____

Issue Date: _____
Reg/Lic #: _____
Results: _____
Office use FP to ISP: _____