



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 for Idaho Pharmacist Application Applicable to Graduating Pharmacy Students, Score Transfer Applicants & other applicants seeking original licensure

Idaho has the following requirements for granting pharmacist licensure:

- Completed and approved application for Idaho Pharmacist License
 - Completed/approved fingerprint based background check
 - Graduation from an approved pharmacy school
 - Passing NAPLEX & MPJE scores
1. Apply at NABP's website for the NAPLEX & MPJE at <http://www.nabp.net/pharmacists> :
 - Fees for each exam will be indicated on the NABP website
 - Read NAPLEX/MPJE Registration Bulletin
 2. Submit the following to the Board of Pharmacy office:
 - Completed Idaho Pharmacist Application – see 'Steps to complete the Idaho Pharmacist Application'
 - Completed fingerprints for a background check - request a packet via email info@bop.idaho.gov
 - Completed Idaho Pharmacist Controlled Substance Application (if planning to work in Idaho) <http://www.bop.idaho.gov>, select Pharmacist & Pharmacy Students
 - Fees – send one check for all fees; see individual applications and the 'Fingerprint Processing Instructions' form for amounts due.
 3. Prepare for the MPJE exam:
 - Download the Idaho Board of Pharmacy Law Book; <http://www.bop.idaho.gov>, select Idaho Code and Administrative Rules
or;
 - Purchase a hard copy of the Idaho Board of Pharmacy Law book; <http://www.bop.idaho.gov>, select Shop
 4. After approval of your application and graduation, verification is sent to NABP. After which you will receive an Authorization to Test (ATT) via email within a few weeks:
 - Contact Pearson-Vue to schedule a date to test for the NAPLEX & MPJE <http://www.pearsonvue.com>
 5. The Idaho Board of Pharmacy will receive test scores approximately 3-4 business days after the exams have been completed. You can check your scores on the NABP website. Do not call our office for the results.
 6. 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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Steps to complete the Idaho Pharmacist Application:

Part 1: Applicant Eligibility Information

- Type into fill-able form prior to printing
- Answer all the questions, if a question does not apply enter 'N/A' for not applicable

Part 2: Letter of recommendation

- Must be signed by a reputable licensed Pharmacist. No practitioner is expected to sign this recommendation who does not know the applicant personally, and who is not willing to supply additional information concerning his or her character, standing and education, upon request from the Idaho State Board of Pharmacy. If desired, this affidavit may be sent separately, provided the same form is used and it is properly notarized.

Part 3: Certificate of Moral Character

- Must be signed by two reputable business people

Part 4: Certificate of Graduation

- Must be completed by College of Pharmacy and have the school seal affixed

Part 5: Attested Photograph

- Complete the top portion of the form
- Attach a photo that has been taken within the last year. i.e. graduation or passport quality photo
- Complete the bottom portion of the form in the presence of a Notary Public
Note: The applicants signature, and the notary seal must be partly on the photo and partly on the form



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Application for Idaho Pharmacist License Fee \$100

Licensure by: Examination Score Transfer

Part 1: Applicant Eligibility Information

Full Legal Name: _____

DOB: ____/____/____ SSN#: ____-____-____ Male Female

Home Address: _____

City: _____ State: _____ ZIP +4: _____-

Ph#: _____ Email: _____

United States citizen? No Yes If of foreign birth, nationality: _____

If naturalized: when? ____/____/____ If not a citizen, have you declared your intention to become a citizen? No Yes

Pharmacy School: _____ City: _____ State: _____

Date of graduation: ____/____/____ Type of degree received: RPH PharmD

Examined for Pharmacist licensure in Idaho or any other state? No Yes (Attached additional sheets if necessary)

If yes, State: ____ Date: _____ Result: Pass Fail Currently practicing? No Yes, If yes, License #: _____

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

- Had a physical, emotional, mental, or alcohol 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

Duty to supplement application: Each applicant shall supplement the information contained in this application in writing to the Board of Pharmacy in the event of a material change in the applicant's circumstances (at any time prior to issuance of a license) where such change would have resulted in a different response by applicant had the changed circumstances been in effect at the time the application was originally completed.

54-1726.GROUNDS FOR DISCIPLINE. The board of pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the licenses of any person, pursuant to the procedures set forth in [chapter 52, title 67](#), Idaho Code, upon one 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:



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Part 2: Letter of Recommendation

City of _____, State of _____

Date _____ (year)

TO THE IDAHO STATE BOARD OF PHARMACY, BOISE, IDAHO:

This certifies that I am licensed under the laws of _____ to practice Pharmacy and that I have known _____ for _____ years; that I personally knew him/her while he/she was actively engaged in the practice of Pharmacy or as a student of Pharmacy during the years from _____ to _____; that he/she is of good moral character and worthy of professional recognition; that he/she is free from habits liable to interfere with professional service; that his/her standing is good in the community in which he/she resides, and that he/she is worthy of receiving a license to practice Pharmacy in the State of Idaho.

Name: _____

Address: _____

City: _____ State: _____ ZIP +4: _____ - _____

Ph#: _____ Email: _____

Signature _____

Subscribed and sworn to before me this _____ day of _____, _____ (year)

Signature of Notary Public: _____

Notary Public in and for the State of: _____

Residing at _____

Date Commission expires _____

(S E A L)



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Part 3: Certificate of Moral Character - to be signed by two reputable business people

This certifies that I am acquainted with the named applicant and I believe he/she to be of good moral character and temperate habits and I hereby recommend him/her as entirely worthy of receiving the license for which he/she has applied.

Name: _____

Address: _____

City: _____ State: _____ ZIP +4: _____ - _____

Ph#: _____ Email: _____

Signature _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP +4: _____ - _____

Ph#: _____ Email: _____

Signature _____ Date: _____

Part 4: Certificate of Graduation

I hereby certify that _____
(Name of Student)

of _____ matriculated in
(City & State)

Pharmacy at _____
(Name of School)

From: _____ To: _____ that he/she attended _____ years and _____ months,

completed a minimum of 1740 experience hours in the practice of pharmacy, and received a diploma from

_____ conferring the degree of _____

Date of diploma _____

Signature of President, Secretary or Dean: _____ Date: _____

(SCHOOL SEAL)



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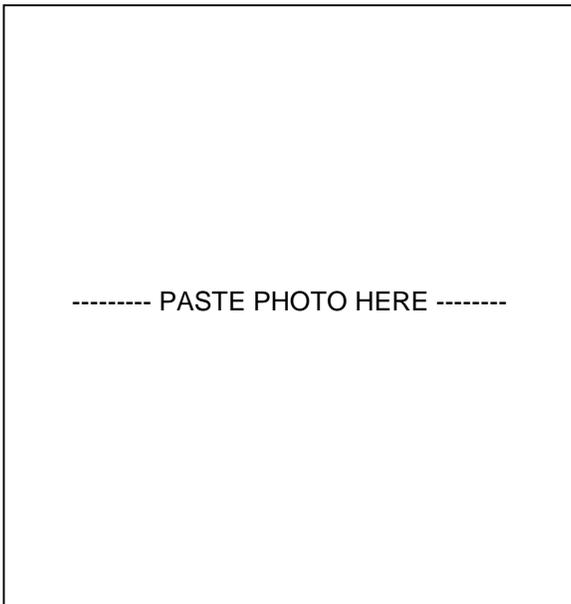
Part 5: Attested Photograph

Insert in the space below an attested, photograph of yourself, size 3 X 3 (bust only) taken within the year previous to making application. Across photograph, write your name and make acknowledgement before a Notary Public, whose certificate of identification must be partly upon the photograph paper and partly on the application, being careful not to mar the features.

Answer the following:

Date: _____ Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other physical means of identification: _____



I hereby certify that the attached photograph is a true likeness of myself taken within the last year and that the description given above is true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____
day of _____, _____
(year)

Notary Public

Commission Expire _____

(SEAL)