



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

Instructions for Completing Student Pharmacist Extern Application

The following requirements or supporting documentation must be met with the submission of the application

1. Complete all information fields, if it does not apply enter 'N/A' for Not Applicable
2. Email address is required – registration information will be sent via email only
3. Answer all questions. If you answer yes to any of the questions, attach a personal statement and other pertinent documents.
4. Applicant must sign and date page 1
5. Registration Fee - amount indicated on the application
6. Passport quality photo is required for the application. Photo should not be larger than 2 X 2 ½” and picture shoulders and head.
7. School official must sign & date 2nd page of application and apply official, embossed seal
8. Copy of current, government issued photo ID such as a driver’s license or passport, must be submitted
9. Fingerprint card for background check: To request a fingerprint packet send an email to info@bop.idaho.gov – include your full mailing address. The packet will be mailed via USPS.
 - All are required to submit fingerprints
 - See ‘Fingerprinting Processing Instructions’ form for the current background check fee
10. Non-Criminal Justice Applicant Privacy Statement, signed & dated – form is included in fingerprint packet
11. 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.

Questions should be sent via email to info@bop.idaho.gov



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

Student Pharmacist Extern Registration Application

Expires July 15th

Registration Fee \$50 + Applicable Background Check Fee

Name: _____

Date of Birth: ____/____/____ SS#: ____/____/____ Male Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ School Email: _____

Mailing Address
If different: _____

City: _____ State: _____ Zip Code: _____

I anticipate graduation from my College of Pharmacy _____
Month Year

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

I have studied and understand the Idaho Extern/Intern Rules and I will comply with them and with the Federal and State laws and the Rules and Laws of the Board of Pharmacy. I am aware that I cannot legally compound or dispense drugs or medicine except under the immediate and personal supervision of a licensed pharmacist

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: _____
FP to ISP: _____
Office use



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

CERTIFICATE OF COLLEGE ENROLLMENT (Extern = Pharmacy Student)

Attach photo
Here
Passport quality, no
scanned/photo copies
will be accepted

I hereby certify that _____
Student Name

is enrolled in the _____

College of Pharmacy as a degree candidate. Student is expected to graduate in _____
Month Year

Printed Name/Title of President, Dean or Associate Dean

Phone#: _____ Email: _____

Signature of President or Dean or Associate Dean Date

SEAL OF COLLEGE