



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 Pharmacy Technician in Training & Certified Pharmacy Technicians

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

1. Complete the attached application - all fields are required. Blank fields will delay processing.
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

Or,

Waiver Request (Technician in Training only)- The Executive Director of the Idaho State Board of Pharmacy has authority to approve waivers under two conditions;

- The applicant is at least 16 years old and is enrolled in a school supervised program or,
 - The applicant is at least 16 years old and is the child of the pharmacy owner
4. Copy of government issued photo ID – (Do not fax as they are unreadable and the picture unrecognizable)
 - Driver's License
 - or
 - Passport
 5. Fingerprints – All are required to submit completed fingerprint card and a fee for a background check. See 'Fingerprint Processing Instructions' for current background check fee amount – included in fingerprint packet. To request a fingerprint packet send an email to info@bop.idaho.gov
 6. Non-Criminal Justice Applicant Privacy Statement – included in fingerprint packet
 7. 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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Certified Pharmacy Technician Registration Application Fee \$35 – plus Background Check Fee

Name: _____ DOB: _____ SS#: _____

Home Address: _____

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

Ph #: _____ Home Email: _____

Mailing Address (defaults to home address unless otherwise indicated below. Mailing address is public information):

Other Address: _____

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

1. I have received my high school diploma or equivalent No Yes (**attach proof**)
2. I have received National Pharmacy Technician Certification from (**attach copy**) ExCPT(NHA) PTCB
3. Have you ever been registered by 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);

1. 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
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

CERTIFICATE OF MORAL CHARACTER (to be signed by two reputable business people)

This certifies that I am acquainted with the applicant named above and I believe them to be of good moral character and temperate habits and I hereby recommend them as worthy of receiving the registration for which they have applied.

Name: _____
Address: _____
Phone: _____
Signature: _____

Name: _____
Address: _____
Phone: _____
Signature: _____

EMPLOYMENT INFORMATION

Pharmacy Name: _____ License#: _____

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

I have studied and understand the Idaho rules regarding pharmacy 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: _____

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