



# Idaho State Board of Pharmacy

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## Staff Changes for Idaho Pharmacies

Pharmacy License #: \_\_\_\_\_ Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_

### New Employees:

Name:	License #:	Date of Change:	Position: Full Time, Float, Relief, etc

### EMPLOYEES WHO HAVE LEFT:

Name:	License #:	Date of Change:	Reason:

Printed Name of PIC: \_\_\_\_\_

**I hereby certify that the above statements are true and correct.**

Signature of PIC: \_\_\_\_\_ Date: \_\_\_\_\_