



# Idaho State Board of Pharmacy

PO Box 83720

Boise, Idaho 83720-0067

| Phone: 208-334-2356

| Fax: 208-334-3536

1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103

| <https://bop.idaho.gov>

| [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Idaho Pharmacist License by Reciprocity/License Transfer

**Note: If you are taking the NABPLEX and have requested a Score Transfer, you do not have to apply for license transfer. e-LTP is only suitable for those pharmacist with an existing license.**

In order to reciprocate/transfer a pharmacist license to Idaho an applicant MUST COMPLETE the following steps;

### **STEP 1:**

**NABP:** Applicant must submit register with NABP and apply for License Transfer (e-LTP).

Website address: <https://nabp.pharmacy/>

### **STEP 2:**

Online application - <https://idbop.mylicense.com/eGov/Login.aspx?ReturnUrl=%2fegov>

Once the applicant has verified that NABP has approved the e-LTP application. The applicant will need to **notify** the Board, ([info@bop.idaho.gov](mailto:info@bop.idaho.gov)), e-LTP has been approved and then complete the on-line application;

### **Forms needed for up load during on-line application process.**

- 1] Non-Criminal Justice Privacy Statement
- 2] MPJE Attestation
- 3] Moral Character.

### **STEP 3:**

**Completed fingerprint card** - Fingerprint Packet Options are:

**Option 1** - By Mail: Send an email to [info@bop.idaho.gov](mailto:info@bop.idaho.gov), to have a Fingerprint Packet mailed to the applicant. Include the full address & name, with the application type.

**Option 2** - Walk-In: Contact local law enforcement agency, or fingerprinting company. If the agency/company does fingerprint services, they may also have fingerprint cards available.

**Option 3** - Print Blank Fingerprint card: Use this link to print a copy of a fingerprint card <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>

**Submit the following with the completed fingerprints;**

Refer to the Fingerprint Packet section on our website

Fingerprints must be mailed to our office, scanned or faxed copies are never accepted

### **STEP 4:**

**Initiate Pharmacist PMP Registration** - Idaho Code 37-2726(3) requires all pharmacists to be registered with the Idaho Prescription Monitoring Program (AWARxE)

Use this link to initiate a registration with AWARxE. <https://bop.idaho.gov/pmp/>

For the pharmacist license number, enter the word 'pending' & your date of birth (MM/DD/YY)



# Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536  
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Idaho Pharmacy Law Attestation Form

I certify under oath that I have carefully read and understand all Idaho laws pertaining to the practice of pharmacy in Chapter 17, Title 54, Idaho Code; Chapter 1, Title 37, Idaho Code; Chapter 27, Title 37, Idaho Code; Chapter 33, Title 37, Idaho Code; and IDAPA 27, Title 01.

Signed Under Penalty of Perjury, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

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 \_\_\_\_\_

(NOTARY S E A L)



# Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536  
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Certificate of Moral Character - to be signed by two (2) reputable business persons

Printed Name of applicant: \_\_\_\_\_

This certifies that I am acquainted with the above 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.

Printed Name of Reputable Business Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Reputable Business Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Ph#: \_\_\_\_\_ Email: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Idaho State Police

## Bureau of Criminal Identification



Print your name: \_\_\_\_\_

### NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Board of Pharmacy that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

[http://www.isp.idaho.gov/identification/crime\\_history/FrequentlyAskedQuestions-CriminalRepository.html](http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html).

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do  do not  want a copy of the Privacy Act Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date