



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

Instructions & Required Documents for Designated Representative Personal Information Statement

There are 'Minimum Requirements of a Designated Representative': Review [Idaho Code 54-1753\(4\)\(b\) & IDAPA 807.03](#), to ensure minimum requirements are met to be a Designated Representative for an Idaho licensed wholesale facility.

1. **Complete the on-line application** - all fields are required. Blank fields will delay processing
2. **Copy of current, government issued photo ID** – Submit a legible copy of a driver's license or passport
3. **Oath and Passport quality photo** – Attach a photo that is no larger than 2 X 2 ½". The picture should include shoulders and head (FORM ATTACHED)
4. **Completed fingerprint card** - for the background check:

Fingerprint Packet Options:

- Option 1 - By Mail: Send an email to 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>

All applicants, no matter what finger print card option chosen above must do the following;

- Mail completed fingerprint card. Scanned or faxed copies are never accepted
- Print & complete the 'Non-Criminal Justice Privacy Statement form' & submit with the application Form attached- [May be uploaded during on line application process]



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Designated Representative Oath

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

Oath

I _____, the undersigned, am the Designated Representative of _____ and swear this oath or make this affirmation or declaration on my own behalf, and do hereby swear or affirm that the information contained in this Personal Information Statement is true and correct.

Signature of Designated Representative Date

State of _____)

County of _____)

I _____, a notary public, do hereby certify that on this _____ day of _____, 20____, personally appeared before me (name) _____, who, being by me first duly placed under oath, swore or affirmed that (he/she) is the Designated Representative of (company) _____, that he/she signed the foregoing Designated Representative Personal Information Sheet and that the information contained in said application is true and correct.

Notary Public

My commission expires on _____, 20____.

SEAL



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.

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