



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 Idaho Pharmacist License Application Applicable to Graduating Pharmacy Students, Score Transfer Applicants & other applicants seeking original licensure

Idaho has the following requirements for granting pharmacist licensure:

- Completed and approved application for Idaho Pharmacist License
- Completed/approved fingerprint based background check. See fingerprint packet for background fee amount
- Graduation from an approved pharmacy school
- Passing NAPLEX scores
- Initiate Prescription Monitoring Program AWAxR Registration; Go to <https://idaho.pmpaware.net/login> to initiate the registration. When prompted to enter your Idaho pharmacist license number, enter the word 'pending' and your Date of Birth.

1. a) New Graduates Apply at NABP's website for the NAPLEX after creating your NABP e-Profile

- Fees for exam will be indicated on the NABP website
- Read NAPLEX Registration Bulletin

b) Currently licensed Pharmacists Apply at NABP's website for Score transfer

- Fees for score transfer will be indicated on the NABP website

2. Complete on line Idaho Pharmacist Application

- To login <https://idbop.mylicense.com/eGov/Login.aspx>

3. Submit the following to the Board of Pharmacy office:

- Completed fingerprints for a background check - request a packet via email info@bop.idaho.gov

4. After approval of your application and graduation, verification is sent to NABP. After which you will receive an Authorization to Test (ATT) from PearsonVue via email.

5. The Idaho Board of Pharmacy will receive test scores approximately 3-4 business days after the exams have been completed. You can check your scores on the NABP website. Do not call our office for the results.

6. 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.

Important Notes:

IDAPA 27.01.02.31.03

A candidate who fails the NAPLEX three (3) times must complete at least thirty (30) hours of continuing education accredited by an ACPE-accredited provider prior to being eligible to sit for each subsequent reexamination. Candidates are limited to five (5) total attempts to pass each exam. (7-1-18)

Applications and background check results are valid for 6 months from the day they are received. If you do not complete licensure within that time, a new application, prints and fees will be required.



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Completed Forms required for upload during on-line Idaho Pharmacist Application:

1) Letter of recommendation

- Must be signed by a reputable licensed Pharmacist. No practitioner is expected to sign this recommendation who does not know the applicant personally, and who is not willing to supply additional information concerning his or her character, standing and education, upon request from the Idaho State Board of Pharmacy. If desired, this affidavit may be sent separately, provided the same form is used and it is properly notarized.

2) Certificate of Moral Character

- Must be signed by two reputable business people

3) Certificate of Graduation

- Must be completed by College of Pharmacy and have the school seal affixed

4) Attested Photograph

- Complete the top portion of the form
- Attach a photo that has been taken within the last year. i.e. graduation or passport photo
- Complete the bottom portion of the form in the presence of a Notary Public.
Note: The applicants signature, and the notary seal must be partly on the photo and partly on the form

5) Idaho Pharmacy Law Attestation Idaho Board of Pharmacy by resolution has removed the MPJE requirement.

- Download the Idaho Board of Pharmacy Law Book; <http://www.bop.idaho.gov>, select Idaho Code and Administrative Rules
OR
- Purchase a hard copy of the Idaho Board of Pharmacy Law book; <http://www.bop.idaho.gov>, select Shop



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Letter of Recommendation

City of _____, State of _____

Date _____ (year)

TO THE IDAHO STATE BOARD OF PHARMACY, BOISE, IDAHO:

This certifies that I am licensed under the laws of _____ to practice Pharmacy and that I have known _____ for _____ years; that I personally knew him/her while he/she was actively engaged in the practice of Pharmacy or as a student of Pharmacy during the years from _____ to _____; that he/she is of good moral character and worthy of professional recognition; that he/she is free from habits liable to interfere with professional service; that his/her standing is good in the community in which he/she resides, and that he/she is worthy of receiving a license to practice Pharmacy in the State of Idaho.

Name: _____

Address: _____

City: _____ State: _____ ZIP +4: _____ - _____

Ph#: _____ Email: _____

Signature _____

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 _____

(S E A L)



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Certificate of Graduation

I hereby certify that _____
(Name of Student)

of _____ matriculated in
(City & State)

Pharmacy at _____
(Name of School)

From: _____ To: _____ that he/she attended _____ years and _____ months,

completed a minimum of 1740 experience hours in the practice of pharmacy, and received a diploma from

_____ conferring the degree of _____

Date of diploma _____

Signature of President, Secretary or Dean: _____ Date: _____

(SCHOOL SEAL)



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Attested Photograph

Insert in the space below an attested, photograph of yourself, size 3 X 3 (bust only) taken within the year previous to making application. Across photograph, write your name and make acknowledgement before a Notary Public, whose certificate of identification must be partly upon the photograph paper and partly on the application, being careful not to mar the features.

Answer the following:

Name: _____

Date: _____ Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other physical means of identification: _____



I hereby certify that the attached photograph is a true likeness of myself taken within the last year and that the description given above is true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____

day of _____, _____
(year)

Notary Public

Commission Expire _____

(SEAL)



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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)



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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: _____