



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

Instructions & Required Documents for Student Technician Application

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

Applicant must be at least sixteen (16) years of age

Documents needed for online upload.

- 1. Copy of current government issued photo ID** - such as a driver's license or passport
- 2. Certificate of moral character**
- 3. Proof of enrolled and in good standing in a high school or college supervised program.**
[Form attached- complete and download with on line application]



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Pharmacy Student Technician High school or College Supervised program

****Print using Block letters or type – illegible applications will cause delays****

042. STUDENT TECHNICIAN.

01. Registration Requirements. To be approved for registration as a student technician, an applicant must be at least sixteen (16) years of age, currently enrolled and in good standing in a high school or college supervised program, and not meet the requirement for registration as a technician-in-training or certified technician. (7-1-18) **02. Exemption from Criminal Background Check.** Student technician candidates under the age of eighteen (18) are exempt from the fingerprint-based criminal history check requirement of Idaho Code. (7-1-18)

Name _____ Phone _____

Date of Birth _____ Age _____ SSN _____

Address _____

City _____ State _____, Zip _____

Pharmacy Employer: _____

Pharmacy Address: _____

Pharmacist-In-Charge: _____

Signature of Applicant _____ Date _____

Printed

Name of Technician Program Coordinator _____

School Name: _____ Phone number: _____

Signature of School Official (*required*) _____ Date _____

Position Held _____ Verification Student is in Good Standing _____

Signature of Pharmacy PIC (*required*) _____ Date _____



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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: _____