



Idaho State Board of Pharmacy

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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)