



Idaho State Board of Pharmacy

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Fingerprint Card Processing Instructions For Idaho Pharmacists Non-Resident Pharmacist Pharmacy Technicians Pharmacy Students Designated Representative

The following requirements must be met, with submission of a corresponding online application:

Current Background Check Fee:

- Fees are subject to change without notice per Idaho State Police and Federal Bureau of Investigations fee schedules.

Background check results are valid for 180 days: Applications expire 6 months after submission. If the application expires, a new application, documents, fees and completed fingerprint card will be required.

Instructions:

- Type or print in legible writing, using black ink, in all required fields as indicated below.
- The completed fingerprint card should include impressions in each block.
- Do not bend or fold fingerprint card.
- Fingerprint Cards Received before an application is submitted will be returned to sender or destroyed if no return address is provided.

Required Fields:

- SIGNATURE OF PERSON FINGERPRINTED** – Person printed must sign the print card.
- RESIDENCE OF PERSON FINGERPRINTED** – Complete address to include, street, city, state, and zip.
- LAST NAME = NAM, FIRST NAME, MIDDLE NAME** – Last, First and Middle name
- ALIASES = AKA** - List any & all alias names or nicknames, maiden name or other married name if applicable
- CITIZENSHIP = CTZ** - American citizenship = US, or indicate other nationality
- SEX** – Male = M, Female = F
- RACE** – White or Hispanic = W, Black = B, American Indian or Alaskan Native = I, Asian = A, Other = O
- HGT** – Height in feet and inches using numeric. Example: 6' 01" = 601
- WGT** – Weight in pounds using numeric. Example: 135lbs. 135
- EYES** – Black = BLK, Blue = BLU, Brown = BRO, Gray = GRY, Green = GRN, Hazel = HAZ
- HAIR** – Black = BLK, Blond = BLN, Brown = BRO, Gray = GRY, Sandy = SDY Red = RED, Bald =BAL
- DATE OF BIRTH** – MM/DD/YYYY
- POB = PLACE OF BIRTH** - City and state of birth. Abbreviate State
- DATE** - The official taking prints must enter the date prints were taken.
- SIGNATURE OF OFFICIAL TAKING FINGERPRINTS** - The official taking prints must sign the print card.
- EMPLOYER AND ADDRESS** – Complete name & address to include street address, city, state, and zip.
- SOC = SOCIAL SECURITY NUMBER** – XXX-XX-XXXX