



# Idaho State Board of Pharmacy

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## TERMINATION OF EMPLOYMENT

**THIS FORM IS ONLY TO BE USED TO REPORT EMPLOYMENT TERMINATION, DUE TO THEFT, ANY VIOLATION OF IDAHO CODE OR RULE AND OR IN ADDITION TO IDAHO CODE 37-117A. REPORTING AND DISCLOSURE REQUIREMENTS FOR EMPLOYMENT RELATED ADULTERATION OR MISAPPROPRIATION OF CERTAIN DRUGS.**  
<https://legislature.idaho.gov/wpcontent/uploads/statutesrules/idstat/Title37/T37CH1.pdf>

Regular Staff Changes are to be updated via the Idaho licensed In-State Pharmacy e-Gov account  
<https://bop.idaho.gov/wp-content/uploads/sites/99/2019/09/Staff-Changes.pdf>

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

Registration/License #: \_\_\_\_\_

Last Date of Employment: \_\_\_\_\_

### EMPLOYER INFORMATION

Pharmacy Name: \_\_\_\_\_

Pharmacy License #: \_\_\_\_\_

Pharmacy Phone #: \_\_\_\_\_

Reason: \_\_\_\_\_

I hereby certify that the above statements are true and correct

Printed Name of person reporting the termination: \_\_\_\_\_

Signature of person reporting the termination: \_\_\_\_\_