



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 TO COMPLETE A EXPERIENTIAL HOURS CERTIFICATION REQUEST FOR STUDENT PHARMACIST

Step 1:

1. Complete the fields in the portion of the document stating 'Section Below To Be Completed by Student Pharmacist' **If there are any incomplete fields in that section, the request will not be processed.**
2. Address of Recipient – Include full address. If the Experiential Hours Certification form can be emailed to the recipient, enter the recipients email address on the last line of the physical address section
3. Save the form where it can easily be retrieved to attach to an email
4. Email a copy of the completed form to info@bop.idaho.gov
The Subject line of the email should include the following;
 - Experiential Hours Certification Request
 - Name of the Student
 - Idaho Student Pharmacist Registration Number

Step 2:

The Board Licensing Staff will review the form submitted, if complete, an email response will be sent to the Student Pharmacist to sign into their eGov account and pay the associated Experiential Hours Transfer fee. To verify the fee amount reference the Idaho Law Book on our website. Select Idaho Code and Administrative Rules

Step 3:

1. The Student Pharmacist must respond the Board Licensing Staff via email once the fee has been paid
2. Upon verification of payment, the Board Licensing Staff will mail or email the Experiential Hours Certification to the recipient indicated



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

EXPERIENCIAL HOURS CERTIFICATION FOR IDAHO STUDENT PHARMACIST

THIS SECTION TO BE COMPLETED BY STUDENT PHARMACIST

Address of Recipient:

This is to certify that a search of the available records of the Idaho State Board of Pharmacy indicates the following:

IDAHO STUDENT PHARMACIST NAME

DATE OF BIRTH:

REGISTRATION#:

EXTERN HOURS

IPPE HOURS:

EMPLOYER CERTIFIED:

APPE HOURS:

TOTAL:

THIS SECTION TO BE COMPLETED BY BOARD OFFICE STAFF ONLY

REGISTRATION ISSUE DATE:

REGISTRATION STATUS:

REGISTRATION EXPIRATION DATE:

DISCIPLINARY ACTION:

Idaho State Board of Pharmacy Licensing Staff

Title: Licensing Specialist

Date Completed:

BOARD
SEAL