



# Idaho State Board of Pharmacy

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1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <http://bop.idaho.gov> | [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

## Individual/Person Legal Name Change Request

### Idaho Rule:

**IDAPA 27.01.01.501.02 Reporting Requirements - Individual Information Changes.** Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change. (7-1-18). The Board will accept an email to [info@bop.idaho.gov](mailto:info@bop.idaho.gov) for the ten (10) day notification.

1. **Complete the fields** - in the section indicated below named 'Legal Name Change Request'. If there are any incomplete fields the request will not be processed.
2. **Save the form in a PDF format** in a place where it can easily be retrieved to attach to an email
3. Email a copy of the **completed form & required documents** indicated below to [info@bop.idaho.gov](mailto:info@bop.idaho.gov)

### Subject line of the email should include the following;

- Legal Name Change
- Name of the Licensee/Registrant
- Idaho License/Registration Number

### Required Documents – Attach to the email;

1. Legal document allowing the name change;
  - Divorce decree
  - Marriage certificate
  - Court document granting name change
2. Current government issued photo ID with new legal name indicated
  - Driver's License
  - Passport

## Legal Name Change Request Information

Date of name change: \_\_\_\_\_

Idaho Board of Pharmacy License/Registration Number: \_\_\_\_\_

Name on License/Registration include first, middle & last name: \_\_\_\_\_

New Legal Name include first middle & last name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_