



Idaho State Board of Pharmacy

PO Box 83720 Boise, Idaho 83720-0067 | Phone: 208-334-2356 | Fax: 208-334-3536
1199 Shoreline Lane Ste 303 Boise, Idaho 83702-9103 | <https://bop.idaho.gov> | info@bop.idaho.gov

Instructions & Required Documents for Idaho Pharmacist License Application
Applicable to Graduating Pharmacy Students, Score Transfer Applicants
& other applicants seeking original licensure

Before beginning a new online application review the following;

Applicants that **have never applied** with the Idaho State Board of Pharmacy;

- **e-Gov Registrations Instructions form** https://bop.idaho.gov/wp-content/uploads/sites/99/forms/2019_05_28_Person_Registration_Instructions.pdf
- **Requirements section below**
- **Applicable Idaho Code & Rules** <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

Applicants **that have applied** with the Board of Pharmacy prior to 07/01/2018, contact our office via info@bop.idaho.gov to assist with e-Gov registration;

The Subject line of the email must include the following;

- E-Gov Account Set-Up
- Name of Applicant
- Prior Idaho License/Registration Number (if applicable)

Requirements – Must be met with the submission of the on-line application;

NABP Application:

New Graduates Apply at NABP's website for the NABPLEX after creating your NABP e-Profile

- Fees for exam will be indicated on the NABP website
- Read NAPLEX Registration Bulletin

Currently licensed Pharmacists Apply at NABP's website for Score transfer

- Fees for score transfer will be indicated on the NABP website

Board of Pharmacy Application:

1. **Complete on line Idaho Pharmacist Application via e-Gov** - To login <https://idbop.mylicense.com/eGov/Login.aspx>
2. **Letter of recommendation (see attached)** Must be signed by a reputable licensed Pharmacist. No practitioner is expected to sign this recommendation who does not know the applicant personally, and who is not willing to supply additional information concerning his or her character, standing and education, upon request from the Idaho State Board of Pharmacy. If desired, this affidavit may be sent separately, provided the same form is used and it is properly notarized.
3. **Certificate of Moral Character (see attached)** - Must be signed by two reputable business people
4. **Certificate of Graduation (see attached)** - Must be completed by College of Pharmacy and have the school seal affixed
5. **Attested Photograph (see attached)**
 - Complete the top portion of the form
 - Attach a photo that has been taken within the last year. i.e. graduation or passport photo
 - Complete the bottom portion of the form in the presence of a Notary Public.

Important Note: The applicants' signature, and the notary seal must be partly on the photo and partly on the form



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6. **Idaho Pharmacy Law Attestation (see attached)**

- Idaho Board of Pharmacy by resolution has removed the MPJE requirement.
- Download the Idaho Board of Pharmacy Law Book; <http://www.bop.idaho.gov>, select Idaho Code and Administrative Rules

7. **Non-Criminal Justice Privacy Statement form (see attached)**

8. **Initiate registration with the Idaho Prescription Monitoring Program AWARxE**

<https://idaho.pmpaware.net/login>

9. **Obtain Fingerprint Card for the background check** - On our website www.bop.idaho.gov, select Pharmacist page, reference the Fingerprint Card Options section for details.

10. **Mail the completed fingerprint card to the Board of Pharmacy office** - You must submit a completed online application **prior** to sending completed fingerprints to our office

11. **Idaho State Board of Pharmacy Newsletter**

All individual registrants/licensees must register to receive the. To subscribe to the Idaho State Board of Pharmacy Newsletter Alert e-mail list, send an e-mail to IdahoBOPNewsletter@nabp.net with the word "Subscribe" in the subject heading.

Important Notes:

IDAPA 27.01.01.211.03

Qualified applicants must pass the NAPLEX in accordance with NABP standards. **A candidate who fails the NAPLEX three (3) times must complete at least thirty (30) hours of continuing education accredited by an ACPE-accredited provider prior to being eligible to sit for each subsequent reexamination. Candidates are limited to five (5) total NAPLEX attempts.** (4-1-19)

Authorization to Test (ATT)

After approval of your application and graduation, verification is sent to NABP. After which you will receive an from Pearson Vue via email.

Test Score Results

The Idaho Board of Pharmacy will receive test scores approximately 3-4 business days after the exams have been completed. You can check your scores on the NABP website. **Do not call our office for the results.**

Applications and background check results are valid for 6 months from the day they are received. If you do not complete licensure within that time, a new application, prints and fees will be required.



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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)



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Certificate of Moral Character - to be signed by two (2) reputable business persons

Printed Name of applicant: _____

This certifies that I am acquainted with the above named applicant and I believe he/she to be of good moral character and temperate habits and I hereby recommend him/her as entirely worthy of receiving the license for which he/she has applied.

Printed Name of Reputable Business Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Ph#: _____ Email: _____

Signature _____ Date: _____

Printed Name of Reputable Business Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Ph#: _____ Email: _____

Signature _____ Date: _____



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CERTIFICATE OF COLLEGE GRADUATION



I hereby certify that _____
Graduate's Name

has graduated from _____

College of Pharmacy with a _____
degree.

Date of Graduation: _____

Printed Name/Title of President, Dean or Associate Dean

Ph#: _____ Email: _____

Signature of President or Dean: _____ Date: _____

SEAL OF COLLEGE



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Attested Photograph

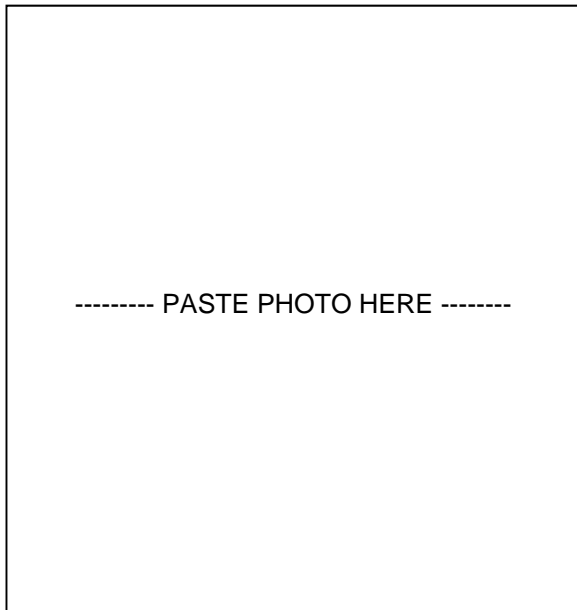
Insert in the space below an attested, photograph of yourself, size 3 X 3 (bust only) taken within the year previous to making application. Across photograph, write your name and make acknowledgement before a Notary Public, whose certificate of identification must be partly upon the photograph paper and partly on the application, being careful not to mar the features.

Answer the following:

Name: _____

Date: _____ Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other physical means of identification: _____



I hereby certify that the attached photograph is a true likeness of myself taken within the last year and that the description given above is true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____
day of _____, _____
(year)

Notary Public

Commission Expire _____

(SEAL)



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Idaho Pharmacy Law Attestation Form

I certify under oath that I have carefully read and understand all Idaho laws pertaining to the practice of pharmacy in Chapter 17, Title 54, Idaho Code; Chapter 1, Title 37, Idaho Code; Chapter 27, Title 37, Idaho Code; Chapter 33, Title 37, Idaho Code; and IDAPA 27, Title 01.

Signed Under Penalty of Perjury, this _____ day of _____, 20____.

Applicant Signature

Applicant Printed Name

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 _____

(NOTARY S E A L)



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NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Board of Pharmacy that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI.

Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website. http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

I do don't want a copy of the Privacy Act Statement.

Applicant Printed Name: _____

Applicant Signature _____ Date _____