



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 | <http://bop.idaho.gov> | info@bop.idaho.gov

Instructions and Required Documents for Idaho Pharmacist License Reinstatement

Complete the On-line e-Gov Application - all fees and fields are required. Blank fields will delay processing.
<https://idbop.mylicense.com/eGov/Login.aspx>

Documents needed for online upload

1. Continuing Education – Upload proof of 30 hours of continuing education credits. Credits must have been earned within the 24 months prior to the date the reinstatement application is submitted.
2. Last 2 Years of Pharmacy Employment – Upload a document showing the following:
 - Business name
 - Full address
 - Phone number
 - From and To employment dates
 - Contact person name to include title & phone number
4. Copy of current government issued photo ID - such as a driver's license or passport
5. Idaho Pharmacy Law Attestation form – see attached
6. Copy Non-Criminal Justice Privacy Statement form – see attached

Reinstatement applicants who have not worked in pharmacy for several years –

- **The following will apply;**
 - Each applicant must earn 40 hours of internship for each year out of pharmacy. Applicant must register as an Idaho Pharmacist Intern. To apply go to: www.bop.idaho.gov, select Pharmacist & Pharmacy Students.
- **The following may apply:**
 - Testing with NABP by taking the NAPLEX
 - Requirement to complete additional CPE hours
 - Appearance before the Board
 - Other requirements determined necessary to acquire or demonstrate professional competency

Completed fingerprint card - for the background check:

1. **Obtain Fingerprint Card**
 - On our website www.bop.idaho.gov, select Pharmacist & Pharmacy Student page, reference the Fingerprint Card Options section for details.
2. **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.

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.



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Idaho Pharmacy Law Attestation

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____.

Printed Name of Applicant

Applicant 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 _____

(NOTARY S E A L)