



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 Graduate Pharmacist Intern Application

Idaho Board of Pharmacy e-Gov User Account

New - Applicants that **have never applied** with the Idaho State Board of Pharmacy review the following: Login Instructions; https://bop.idaho.gov/wp-content/uploads/sites/99/forms/2019_05_28_Person_Registration_Instructions.pdf

Prior - Applicants that **have applied or have been previously registered** with the Board of Pharmacy prior to 07/01/2018, Send an email to info@bop.idaho.gov for further assistance

Resources

- Idaho Board of Pharmacy Online Application Requirements & forms - see below
- Idaho Law regarding reporting changes to the Board – see below
- Applicable Idaho Code & Rules <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

Idaho Board of Pharmacy Online Application Requirements

- **Current government issued photo ID** – Upload a legible copy of a driver’s license or passport
- **Certificate of College Graduation with passport quality photo** – (see attached) Upload the completed form. Attach a photo that includes shoulders and head – see attached
- **Non-Criminal Justice Privacy Statement & Fingerprint Card Options**– Applicants that are required to submit fingerprints, must read the Non-Criminal Justice Privacy Statement. To review the statement & Fingerprint Card Option, refer to the Fingerprint Cards page on our website <https://bop.idaho.gov/fingerprint-cards/>
- **Fingerprint Card** - After submitting a completed online application, mail the completed fingerprints to our office to either of the addresses indicated above. Fingerprints must have been taken within 6 months of the date of application.

Idaho Law regarding reporting changes to the Board

According to **IDAPA 27.01.01.501.02 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 of change (7-1-18)**

Types of Changes that must be reported:

- **Home & Email address change** - Registrants must update via their e-Gov account. The email address provided is how the Board will mainly be contacting registrants/licensees
- **Employment Changes** – Use this link to report changes in Pharmacist in Charge - <https://bop.idaho.gov/facilities/> refer to the Out of State Pharmacy Forms section



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Graduate Intern - Certificate of Graduation

Attach Passport
Quality Photo here

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