



# 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](mailto: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

### Special Note for 2020 Pharmacy Student Graduates:

Do not submit an Idaho Pharmacist Application until after graduation, and all required documents are ready for upload to the online application. See requirements section below and attached the documents.

Applications that are submitted prior to graduation will be incomplete and will not expedite the application process. In fact, incomplete applications will slow the process and delay Idaho licensure.

### 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](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](mailto:info@bop.idaho.gov) for further assistance

### Resources

- NABP Application -see information below
- Idaho Board of Pharmacy Online Application Requirements & forms - see below
- Idaho PDMP – Online Registration Requirement- see below
- Important Notes – Authorization to Test & Test Score
- Idaho Law regarding reporting changes to the Board – see below
- Applicable Idaho Code & Rules <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

### 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

### Idaho Board of Pharmacy Online Application Requirements

1. **Letter of recommendation/ Certificate of Moral Character (see attached)** - Upload the completed form.  
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.
2. **Certificate of Graduation (see attached)** - Upload the completed form  
Must be completed by College of Pharmacy and have the school seal affixed
3. **Attested Photograph (see attached)** - Upload the completed form
  - 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.
  - The applicants' signature, and the notary seal must be partly on the photo and partly on the form



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4. **Idaho Pharmacy Law Attestation (see attached)** - Upload the completed form
  - Idaho Board of Pharmacy by resolution has removed the MPJE requirement.
  - Idaho Board of Pharmacy Law Book; <https://bop.idaho.gov/pharmacy-code-administrative-rules/>
5. **Current government issued photo ID** – Upload a legible copy of a driver’s license or passport
6. **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 Options, refer to the Fingerprint Cards page on our website <https://bop.idaho.gov/fingerprint-cards/>
7. **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 PDMP – Online Registration Requirement

**Initiate Idaho PDMP Registration** - Idaho Code 37-2726(3) requires all pharmacists to be registered with the Idaho Prescription Monitoring Program (AWARxE) Use this link to initiate a registration <https://bop.idaho.gov/idaho-pmp/> Tip: Enter the word ‘pending’ for the license number & your date of birth (MM/DD/YY)

## Important Notes:

### Authorization to Test (ATT)

After approval of a pharmacist application and graduation, verification is sent to NABP. After which the applicant will receive an email from Pearson Vue.

### Test Score Results

The Idaho Board of Pharmacy will receive test scores approximately 3-4 business days after the exams have been completed. Applicants are to check their scores vis the NABP website. **Do not call the Board office for the results.**

## 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 (03-20-20)T

### 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.

### 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. (03-20-20)T**



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## Letter of Recommendation/Certificate of Moral Character

City of \_\_\_\_\_, State of \_\_\_\_\_

Date \_\_\_\_\_

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 \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary Public in and for the State of: \_\_\_\_\_

Residing at \_\_\_\_\_

Date Commission expires \_\_\_\_\_

(NOTARY SEAL)



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## Certificate of College Graduation - Pharmacist

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.

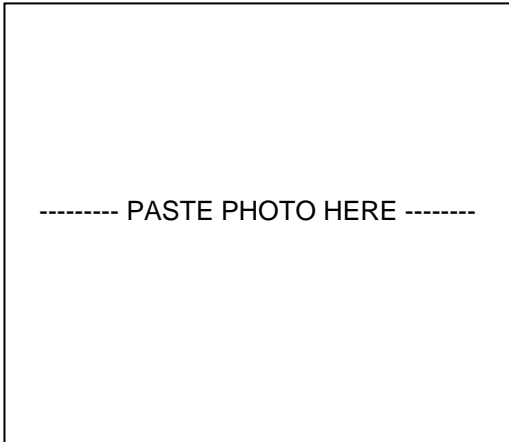
Answer the following:

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 \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Commission Expire \_\_\_\_\_

(NOTARY 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 \_\_\_\_\_, 20\_\_.

Signature of Notary Public: \_\_\_\_\_

Notary Public in and for the State of: \_\_\_\_\_

Residing at: \_\_\_\_\_

Date Commission expires \_\_\_\_\_

( NOTARY S E A L )