



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 Designated Representative Personal Information Statement

There are **Minimum Requirements that must be met in order to be a Designated Representative** for an Idaho Licensed Wholesale Distributor: Review this code prior to submitting an application; [Idaho Code 54-1753\(4\)\(b\)](#)

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
- Applicable Idaho Code & Rules <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

Idaho Board of Pharmacy Online Application Requirements

1. **Designated Representative Oath – (see attached)** Upload a completed copy with a passport quality photo attached. The picture should include shoulders and head
2. **Current government issued photo ID –** Upload a legible copy of a driver's license or passport
3. **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/>
4. **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.



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Designated Representative Oath

Attach photo
Here
Passport quality, no
scanned/photo copies
will be accepted

Oath

I _____, the undersigned, am the Designated Representative of
_____ and swear this oath or make this affirmation or declaration on my own
behalf, and do hereby swear or affirm that the information contained in this Personal Information Statement is true and
correct.

Signature of Designated Representative Date

State of _____)

County of _____)

I _____, a notary public, do hereby certify that on this _____ day of _____, 20____, personally
appeared before me (name) _____, who, being by me first duly placed under oath, swore or
affirmed that (he/she) is the Designated Representative of (company)
_____, that he/she signed the foregoing Designated
Representative Personal Information Sheet and that the information contained in said application is true and correct.

Notary Public

My commission expires on _____, 20____.

NOTARY SEAL