



# Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>  
P.O. Box 83720 Boise, Idaho 83720-0067 208.334.2356 208.334.3536 fax

## Instructions & Required Documents for Student Technician Application

Applicant must be at least sixteen (16) years of age and in a supervised pharmacy technician training program approved by the applicants High School

Before beginning a new online application review the following:

### Access to e-Gov Account

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

- [e-Gov Registrations Instructions form](#)
- Requirements section below
- Applicable Idaho Code & Rules <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

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

### Requirements

1. **Append an on line application via e-Gov** - To login <https://idbop.mylicense.com/eGov/Login.aspx>
2. **Current government issued photo ID** - Upload a legible copy of a driver's license or passport
3. **Be enrolled in High School or High School-College Supervised Program** - (see attached) Upload completed form

### Additional Required Document - if applicant is age 18 or older

**Fingerprint Card** - After submitting a completed online application, mail the completed fingerprints to our office to either of the addresses indicated above



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## High School or College Supervised Program Information

### STUDENT TECHNICIAN.

**01. Registration Requirements.** Be at least sixteen (16) years of age, currently enrolled and in good standing in a high school or college supervised program. (7-1-18)

**02. Exemption from Criminal Justice Background Check** – Student technician candidates under the age of eighteen (18) are exempt from the fingerprint-based criminal history check requirement of Idaho Code. (7-1-18)

### Section to be completed by Pharmacy Student Technician applicant

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ + \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Section to Be Completed by School Official

School Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of School Official: \_\_\_\_\_ Position Held: \_\_\_\_\_

By checking this box you are verifying that the above referenced student is in good standing

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_