



Idaho State Board of Pharmacy

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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 Title 37 Chapter 1, Title 37 Chapter 27, Title 37 Chapter 33. Title 54 Chapter 17 & IDAPA 24.36.01 Rules of the Idaho State Board of Pharmacy <https://bop.idaho.gov/pharmacy-code-administrative-rules/>

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)