



Idaho State Board of Pharmacy

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Idaho Pharmacy – Business Hours Form

New Pharmacy Store Hours Differential Hours

Existing Pharmacy - Change: Store Hours Differential Hours

Date of change: _____ Idaho Pharmacy License #: _____

Pharmacy Name: _____

Street Address: _____

City: _____ Zip: _____ - _____

Pharmacist in Charge: _____ Email: _____

Pharmacy Business Hours		
Day	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

New Pharmacy Business Hours		
Complete this section only if changing hours on existing pharmacy		
Day	Open	Closed
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Signature of Pharmacist in Charge: _____ Date: _____

This section for Board Office Use Only when there is a change in hours:

Approved Disapproved

Signature of Board Staff: _____ Date: _____