



Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

APPLICATION FOR REGISTRATION EXTERN/INTERN

\$50 fee



APPLICANT MUST ATTACH 3 x 3 INCH HEAD & SHOULDERS PHOTO

STATEMENT OF EXTERN – *Expires July 15 following graduation*

SS #: _____

DOB: _____

Name: _____

Complete

Address: _____

Street Address

City

St

Zip

Phone: _____

Email: _____

Pre-Pharmacy College

Anticipated Graduation Date

I have studied and understand the Idaho Extern/Intern Rules and I will comply with them and with the Federal and State laws and the Rules and Laws of the Board of Pharmacy. I am aware that I cannot legally compound or dispense drugs or medicine except under the immediate and personal supervision of a licensed pharmacist preceptor. I hereby certify that the above statements are true and correct.

Signature

Date

CERTIFICATE OF GRADUATION (Intern) – *Expires June 30 annually*

I hereby certify that _____ graduated from _____

College of Pharmacy on _____ with a _____ degree.

Printed Name of President or Dean

Contact phone/email

Signature of President or Dean

Date

CERTIFICATE OF COLLEGE ENROLLMENT (Extern)

I hereby certify that _____ is enrolled in the _____

_____ College of Pharmacy as a degree candidate.

Printed Name of President or Dean

Contact phone/email

Signature of President or Dean

Date