



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

Change of Address

For Pharmacists Only

Effective Date: _____

Registration/License Number: _____

Name: _____

NEW HOME ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone _____ Alternate Phone _____

NEW MAILING ADDRESS (*If different from above*):

Street: _____

City: _____ State: _____ Zip Code: _____

NEW PLACE OF EMPLOYMENT (*if applicable*)

Effective Date: _____

Pharmacy License # _____ Pharmacy Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Complete and fax to 208/334-2363 or mail to the Board office.