



# Idaho State Board of Pharmacy

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## Change of Pharmacy Hours

Pharmacy License #: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pharmacist Manager: \_\_\_\_\_

Current Pharmacy Hours: \_\_\_\_\_

New Pharmacy Hours: \_\_\_\_\_

Signs Posted:  Yes  No Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pharmacist Manager

\_\_\_\_\_  
Date