



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise ID 83720-0067

208/334-2356

208/334-3536 Fax

March 23, 2010

**To: Graduating Pharmacy Students, Score Transfer Applicants & Other Applicants  
for Original Licensure**

**From: Ellen Mitchell, Licensing Coordinator**

**Re: Idaho Licensure by Examination**

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Idaho has the following requirements for granting pharmacist licensure by examination:

- ❖ Graduation from an approved pharmacy school
- ❖ Completed and approved application
- ❖ Passing NAPLEX score
- ❖ Passing MPJE score
- ❖ 1,500 extern hours

## 1. THE NAPLEX

A NAPLEX registration bulletin is available on the NABP website at [www.nabp.net](http://www.nabp.net) **please read the bulletin carefully.** (NABP has combined the NAPLEX and Multi-state Pharmacy Jurisprudence Examination (MPJE) registration bulletins.)

## 2. THE LAW EXAM

Idaho now participates in NABP's MPJE program. You may view Policy & Laws on the website at <http://www.idaho.gov/bop>

## 3. THE APPLICATION FOR IDAHO PHARMACIST LICENSURE

An application and separate instructions are enclosed. Idaho application fee is \$100.00 (check or money order)

The fee covers:

- ❖ Processing fees
- ❖ Initial licensure fee
- ❖ Wall certificate

## 4. 1,500 EXTERN HOURS

You will need to have 1,500 hours on file with the Idaho Board prior to licensure. If you have hours in another state contact that state to request they certify your hours directly to us. Other states may have a form and/or fee.

- ❖ We will certify your Idaho extern/intern hours directly to other boards with a written request (no specific form required) and \$25 fee per state up to 3 states per request/fee). Your request will be processed within a few days, please make sure that all hours have been submitted and approved prior to sending in your request (*there is a fee each time we certify*

hours). You will be sent a photocopy of the certification for your records.

- ❖ If another state requires verification of your extern/intern registration, send us that state's form, or, if there is no form, send us a written request for verification. Be sure to note exactly what that state needs. There is no fee for verifying a registration.

## 5. IDAHO CONTROLLED SUBSTANCE REGISTRATION

Pharmacists who distribute controlled substances in Idaho must hold a controlled substance registration. Since this registration can be issued immediately after your pharmacist license is issued, you may want to submit the application and fee with your pharmacist license application and fee.

- ❖ The controlled substance fee is \$60 (annual renewal)
- ❖ Controlled substance registrations expire each December 31
- ❖ The controlled substance registration is only required if you will be working in Idaho

### THE PROCESS

1. Apply at NABP's website for the NAPLEX (\$465) and MPJE (\$185) [www.nabp.net](http://www.nabp.net) (Fee increase May 10, 2010 to \$485/\$200) If you need to contact NABP for any reason they may be reached through the following:

**National Association of Boards of Pharmacy**  
PO Box 1057  
Park Ridge IL 60068-7057  
847/391-4406

2. Send the Idaho pharmacist license application and fee (check or money order) to:

Idaho Board of Pharmacy  
PO Box 83720  
Boise ID 83720-0067

If you plan to work in Idaho you may include your controlled substance application and fee.

You may send one check to the Board of Pharmacy:

|                                   |           |
|-----------------------------------|-----------|
| Application                       | \$100     |
| Controlled Substance Registration | <u>60</u> |
|                                   | \$160     |

3. If necessary, arrange for your out-of-state extern/intern hours to be certified directly to the Idaho Board.

After approval of your application and graduation, verification is sent to NABP, (normally the Monday after graduation). You will receive your Authorization to Test (ATT) by email within a few weeks. When you have your ATT, call the Pearson-Vue Center <http://www.pearsonvue.com/nabp/> of your choice to schedule the NAPLEX and/or MPJE.

The board receives your score 5-7 business days after you take the exam. **We will notify you of your score by mail. PLEASE Do not call the Board office as this will create delays for everyone.**

For contact addresses, phone numbers, and web addresses of other Boards of Pharmacy, visit the National Association of Boards of Pharmacy website [www.nabp.net](http://www.nabp.net)



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To: Graduating Pharmacy Students & Other Applicants for Original Licensure  
From: Ellen Mitchell, Licensing Coordinator  
Re: Pharmacist Licensure Application Instructions

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**Type or print legibly - Answer each part of each question (if not applicable answer N/A)**

- Question #1: Use your proper name (including your middle name)  
Question #6: If you attended more than one elementary school, list the last one attended  
Question #7: If you attended more than one high school, list the last one attended  
Question #11: List all intern, extern, or licensed pharmacist experience, regardless of location. *Do not list technician experience.*

Remember to write whether your experience was as an intern, extern, or licensed pharmacist for each listing.

- **Extern = pharmacy student who has not yet received his/her first professional degree in pharmacy**

PART 2: The pharmacist who completes your letter of recommendation must appear before a notary, prove his or her identity to the notary, and sign his or her name in the presence of the notary.

The letter of recommendation may be sent separately if desired. If you wish to do this, photocopy page three and give the photocopy to the pharmacist of your choice for them to complete Part 2. After having it notarized, the pharmacist may then send it directly to the board office or return it to you (clip it to your application).

PART 4: Must be completed by your College of Pharmacy; arrange with your school to have college personnel fill out, sign, and affix seal.

The last portion requires your signature before a notary.

The application requires a photo of you taken within the last year (3x3 maximum, head and shoulders only). Many use their graduation photos. Passport size works well. **No Polaroid or poor quality PC photos.**

Pay careful attention to the directions for Part 5.

Submit the completed application to the Board office with \$100.00 payment. If you plan to work in Idaho you will need to apply for a controlled substance registration as well. Fee for the controlled substance registration is \$60.00. *(You may include this with your licensure application.)*

Payment \_\_\_\_\_

Hours \_\_\_\_\_

Auth \_\_\_\_\_

NAPLEX \_\_\_\_\_

MPJE \_\_\_\_\_

STATE OF IDAHO  
IDAHO STATE BOARD OF PHARMACY  
P.O. Box 83720  
Boise, Idaho 83720-0067

APPLICATION FOR PHARMACIST LICENSE  
INSTRUCTIONS FOR APPLICANTS

(Read carefully before filling out your application)

1. This form to be used by applicants applying for pharmacist licensure by examination.
2. Applicants will answer all questions fully; if incomplete, your application will be returned which may result in your application being refused. Attach additional sheets if necessary to fully answer any portion of the application.
3. After you have completed the application, you must have it notarized by a Notary Public. Mail to Idaho Board of Pharmacy, P.O. Box 83720, Boise, ID 83720-0067, with application fee.

To the IDAHO STATE BOARD OF PHARMACY, BOISE, IDAHO:

I hereby make application for a license to practice Pharmacy in the State of Idaho. In submitting this application, it is agreed by me that if any part of it be found false or fraudulent, I forfeit the right to a license.

1. Name \_\_\_\_\_ SS# \_\_\_\_\_

Names used in the past 10 years: \_\_\_\_\_

2. Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street No. City State Zip

3. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

4. Are you a citizen of the United States? \_\_\_\_\_

If of foreign birth, given nationality \_\_\_\_\_ If naturalized: when? \_\_\_\_\_

If not a citizen, have you declared your intention to become a citizen? \_\_\_\_\_

5. Where have you resided for the past ten years? (be specific: give month/year, city & state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What elementary school did you attend? \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

7. Of what high school are you a graduate? \_\_\_\_\_ Location \_\_\_\_\_ Dates \_\_\_\_\_

8. If not a high school graduate, what equivalent education have you had? \_\_\_\_\_

9. Of what pharmacy school, college or university are you a graduate? \_\_\_\_\_

\_\_\_\_\_

(a) How many years did you attend? \_\_\_\_\_ (b) How many months of each year? \_\_\_\_\_

(c) What degree or degrees did you receive? \_\_\_\_\_

(d) Date of graduation? \_\_\_\_\_

(e) Location of School? (City) \_\_\_\_\_ (State) \_\_\_\_\_

10. Give information regarding any other professional school, college or university you have attended.  
(Information should cover education other than that listed in Paragraph 9. Attach additional sheets if necessary).

Name of School \_\_\_\_\_

(a) Years attended \_\_\_\_\_ (b) How many months of each year? \_\_\_\_\_

(c) What degree or degrees? \_\_\_\_\_

(d) Location of School? (City) \_\_\_\_\_ (State) \_\_\_\_\_ (e) Date of Graduation? \_\_\_\_\_

11. Where have you practiced as a licensed intern, extern, or pharmacist?  
*Specify internship, externship, or licensed pharmacist on each listing. Attach additional sheets if necessary.*

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

At \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Business City/State Month/Year Month/Year

12. Have you ever been examined for license in Idaho or any other state? \_\_\_\_\_  
If so, when and for which state? \_\_\_\_\_ Result \_\_\_\_\_  
Are you now a licensed pharmacist in another state? \_\_\_\_\_ Which State? \_\_\_\_\_ Give license number \_\_\_\_\_

13. Have you ever practiced pharmacy in another state? \_\_\_\_\_

14. Have you ever been convicted of any violation of Federal, State or Local Statute (excluding traffic infractions)? \_\_\_\_\_  
If so, give details \_\_\_\_\_

Duty to supplement application: Each applicant shall supplement the information contained in this application in writing to the Board of Pharmacy in the event of a material change in the applicant's circumstances (at any time prior to issuance of a license) where such change would have resulted in a different response by applicant had the changed circumstances been in effect at the time the application was originally completed.

I certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I am the person named in Part 4 of this application and that I am the lawful holder of the degree and that same was procured in the regular course of instruction and examination without fraud or misrepresentation. I acknowledge that fraud or intentional misrepresentation by a licensee in securing the issuance or renewal of a license are grounds to suspend, revoke, or restrict my licenses. I further acknowledge my responsibility to supplement the above information in the event of a material change in circumstances.

\_\_\_\_\_  
Signature of Applicant Date

This letter of recommendation must be signed by a reputable licensed practitioner of the profession for which you are seeking a license. No practitioner is expected to sign this recommendation who does not know the applicant personally, and who is not willing to supply additional information concerning his or her character, standing and education, upon request from the Idaho State Board of Pharmacy. If desired, this affidavit may be sent separately, provided the same form is used and they are properly acknowledged.

**LETTER OF RECOMMENDATION**

City of \_\_\_\_\_, State of \_\_\_\_\_

Date \_\_\_\_\_, \_\_\_\_\_  
(year)

TO THE IDAHO STATE BOARD OF PHARMACY, BOISE, IDAHO:

This certifies that I am licensed under the laws of \_\_\_\_\_ to practice Pharmacy and that I have known \_\_\_\_\_ for \_\_\_\_\_ years; that I personally knew him/her while he/she was actively engaged in the practice of Pharmacy or as a student of Pharmacy during the years from \_\_\_\_\_ to \_\_\_\_\_; that he/she is of good moral character and worthy of professional recognition; that he/she is free from habits liable to interfere with professional service; that his/her standing is good in the community in which he/she resides, and that he/she is worthy of receiving a license to practice Pharmacy in the State of Idaho.

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(year)

Notary Public in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

Commission expires \_\_\_\_\_

**PART 3**

**CERTIFICATE OF MORAL CHARACTER**

*(to be signed by two reputable business people)*

This certifies that I am acquainted with \_\_\_\_\_; that I believe him/her to be of good moral character and I hereby recommend him/her as entirely worthy of receiving the license for which he/she has applied.

Name (Print) \_\_\_\_\_ Name (Print) \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**PART 4**

**CERTIFICATE OF GRADUATION**

I hereby certify that \_\_\_\_\_ (Name) \_\_\_\_\_ of \_\_\_\_\_ matriculated in \_\_\_\_\_ at \_\_\_\_\_  
(Name of Profession) (Name of School)

from \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year) to \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), that he/she attended \_\_\_\_\_ years and \_\_\_\_\_ months and received a diploma from \_\_\_\_\_ conferring the degree of \_\_\_\_\_

Date of diploma \_\_\_\_\_

(Seal)

\_\_\_\_\_  
President, Secretary or Dean

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## PART 5

Insert in space provided below an attested, unmounted photograph of yourself, size 3x3, bust only, taken within the year previous to making application. Across photograph, write your name and make acknowledgement before a Notary Public, whose certificate of identification must be partly upon the photograph paper and partly on the application, being careful not to mar the features.

Answer the following questions:

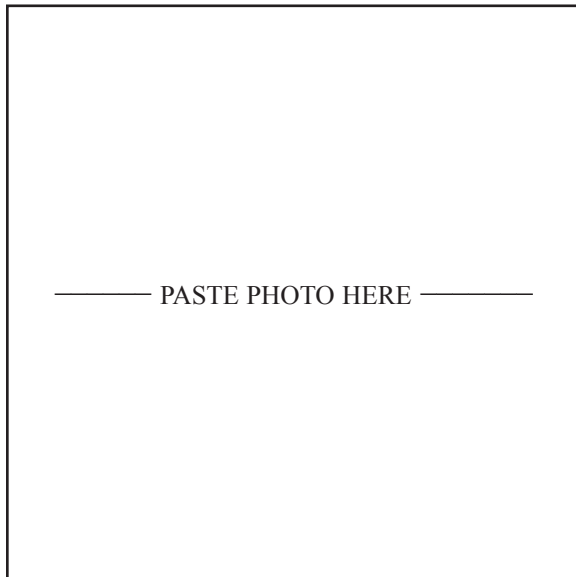
Date \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Other physical means of identification \_\_\_\_\_

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I hereby certify that the attached photograph is a true likeness of myself taken within the last year and that the description given above is true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_ (year)

\_\_\_\_\_  
Notary Public

Commission Expires \_\_\_\_\_

(Seal)



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Telephone 208/334-2356

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## PHARMACIST CONTROLLED SUBSTANCE REGISTRATION APPLICATION - FEE \$60.00 *Fee is non-refundable*

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
NUMBER STREET

CITY, STATE & ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

IDAHO PRACTICE FACILITY \_\_\_\_\_  
NAME STREET

CITY \_\_\_\_\_, IDAHO Zip Code \_\_\_\_\_ + \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ OFFICE FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

IDAHO PHARMACIST LICENSE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

***If you prefer correspondence to be mailed to an address other than your home address, enter that mailing address here.***

### PERSONAL DATA

- I have been diagnosed or treated for a mental illness, alcohol or substance abuse, or for a physical condition which would impair my ability to perform any of the essential functions of my profession .  
 No  Yes
- I have been the subject of a pending or completed administrative action regarding a professional license, registration, or the equivalent, in Idaho or in another state.  No  Yes
- I have been found guilty, convicted, or received a withheld judgment or suspended sentence in Idaho or another state of a felony, or of an act involving moral turpitude or gross immorality, or of an act which is otherwise related to the qualifications, functions or duties of a licensee or registrant, or of a violation of a pharmacy law or regulation.  No  Yes

***If you checked 'yes' to the above, you must provide all related documentation***

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*I certify the information contained in this application is true and correct to the best of my knowledge. IC 37-2734(a) It is unlawful for any person knowingly or intentionally:(4)to furnish false or fraudulent material information from, any application, report, or other document required to be kept or filed under this act, or any record required to be kept by this act.*