



Idaho State Board of Pharmacy

3380 Americana Terrace #320 PO Box 83720 Boise, ID 83720-0067
208/ 334-2356 Phone 208/ 334-3536 Fax

PHARMACIST CHANGE OF EMPLOYMENT

License No. _____ Name: _____

NEW PLACE OF EMPLOYMENT *Effective Date:* _____

Pharmacy License No. _____ Pharmacy Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Pharmacist in Charge Staff Relief Float Team

PREVIOUS PLACE OF EMPLOYMENT *Last day of employment:* _____

Pharmacy License No. _____

Pharmacy Name: _____

Mail or fax completed form to

Idaho Board of Pharmacy
PO Box 83720
Boise ID 83720-0067
208/334-2363 fax