



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

PHARMACY TECHNICIAN EMPLOYMENT CHANGE/ADDITIONAL EMPLOYMENT

If you are working for more than one EMPLOYER you must complete an Additional Employment form for each EMPLOYER

****PRINT using BLOCK letters or type – illegible applications will not be processed****

PERSONAL INFORMATION

NAME _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ SS#: _____

ADDRESS _____
NUMBER STREET

CITY, STATE, & ZIP _____

PHONE () _____ - _____ REGISTRATION # _____

CURRENT/PREVIOUS EMPLOYMENT INFORMATION

Last Date of Employment: _____

PHARMACY NAME _____

PHARMACY ADDRESS _____

CITY, STATE, & ZIP _____

PHONE NUMBER () _____ - _____ PHARMACY LICENSE NUMBER _____

NEW/ADDITIONAL EMPLOYMENT INFORMATION

First Date of Employment: _____

PHARMACY NAME _____

PHARMACY ADDRESS _____

CITY, STATE, & ZIP _____

PHONE NUMBER () _____ - _____ PHARMACY LICENSE NUMBER _____

PHARMACIST- IN-CHARGE _____

I hereby certify that the above statements are true and correct.

SIGNATURE OF APPLICANT _____

DATE _____