



Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

Change of Address

(DO NOT USE THIS FORM IF YOU ARE A PHYSICIAN, DENTIST, NP, PA, DVM OR OD)

Registration/License Number: _____

Name: _____

NEW ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

Business Phone _____ Home Phone _____

PREVIOUS ADDRESS:

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Date Change Effective: _____

**** Have you had a change of employment and have you notified the Board office? ****

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