



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–in-Training Waiver Request

*The completed waiver request form must be attached to a
Pharmacy Technician-In-Training Application*

****Print using Block letters or type – illegible applications will not be processed****

Name _____ Phone _____

Date of Birth _____ Age _____ SSN _____

Address _____

City, State & Zip _____

Pharmacy Employer: _____

Pharmacy Address: _____

Pharmacist-In-Charge: _____

Waiver Requested: Age requirement Education requirement

Reason for Waiver:

Signature of Waiver Applicant _____ Date _____

Printed Name of School Official (if applicable) _____

School Name: _____ Phone number: _____

Signature of School Official (if applicable) _____ Date _____

Signature of Pharmacy PIC (required) _____ Date _____

Signature of Executive Director _____ Date _____

This signed waiver approval authorizes the above individual to attach this document to the Technician-In-Training application for the purpose of registering as a Pharmacy Technician-In-Training per 251.07.b.ii.