



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

2010 VETERINARY DRUG TECHNICIAN REGISTRATION RENEWAL

Renewal Fee: \$35 – Postmarked after 06/30/2010 \$52.50

LICENSE #: _____

NAME: _____

VDO NAME: _____

VDO ADDRESS: _____

CITY, ST, ZIP: _____

PERSONAL DATA

HOME ADDRESS _____
NUMBER STREET

CITY, STATE & ZIP _____

PHONE _____ EMAIL _____

SINCE YOUR LAST RENEWAL - If you check "YES" below, provide all related documentation

1. I have been diagnosed or treated for any mental illness, or alcohol or substance abuse issue, or other physical condition/s that would impair my ability to perform any of the essential functions of my profession. No Yes
2. I have been the subject of a completed or pending administrative action regarding any of my professional licenses, registrations, or the equivalent in this or any state. No Yes
3. I have had a professional license, registration, or the equivalent of suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation). No Yes
4. I have been found guilty, convicted, or received a withheld judgment or suspended sentence by a court of competent jurisdiction in this state or any state for a felony, an act involving moral turpitude or gross immorality, or an act which is otherwise related to the qualifications, functions, or duties of a licensee or registrant, or a violation of pharmacy drug laws of this state, rules of the Idaho Board of Pharmacy, or statutes, rules, or regulations of any other state or federal government. No Yes

If you checked "yes" to the above, provide all related documentation

Registrant signature _____ Date _____