



# Idaho State Board of Pharmacy

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Boise, ID 83720-006

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## 2010 RENEWAL APPLICATION PRECEPTOR SITE - FEE: \$25.00

License Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ + \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ + \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In addition to the required reference library it is recommended that professional publications such as: US Pharmacist, Drug Topics, and Pharmacy Times, be available for use by the extern/intern.

I hereby certify that I have read and understand the Board of Pharmacy Laws and governing the training of externs/interns and the reporting of their training experience.

\_\_\_\_\_  
Signature of Pharmacist In Charge (PIC)

\_\_\_\_\_  
Date