



**BRAD LITTLE**  
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State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Pharmacy

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## Fingerprint Card Processing Instructions For: Idaho Pharmacists, Nonresident PICs, Designated Representatives, Pharmacy Technicians, Pharmacy Interns

### Current Background Check Fee:

- The background check fee is included in the application fee paid when you submitted your application. There is no additional background fee to be sent to the Board of Pharmacy once you have submitted your online application.

### Background check results are valid for 180 days for a single application:

- Applications expire 6 months after submission. If the application expires, a new application, including all requirements, Fingerprints must have been taken by an official within the past six (6) months to be used.

### Instructions: Type or print in legible writing

- Type or print, using black ink, in all required fields as indicated below.
- The completed fingerprint card should include impressions in each block.
- Do not bend or fold fingerprint card.
- The online application must be submitted prior to submission of the completed fingerprint card.
- Fingerprints can be taken digitally (non-ink.) However, the fingerprinting agency must then print out the card to be submitted to the Board of Pharmacy.

### Required Fields:

1. **SIGNATURE OF PERSON FINGERPRINTED**
2. **FULL NAME – LAST, FIRST, MIDDLE**
3. **ALIASES = AKA** - List alias names - maiden name or other legal name(s), if applicable
4. **CITIZENSHIP = CTZ** – country of citizenship – US, or indicate other nationality
5. **SEX**
6. **RACE**
7. **HGT** – height, using feet and inches
8. **WGT** – weight, in pounds
9. **EYES** – Black = BLK, Blue = BLU, Brown = BRO, Gray = GRY, Green = GRN, Hazel = HAZ
10. **HAIR** – Black = BLK, Blond = BLN, Brown = BRO, Gray = GRY, Sandy = SDY Red = RED, Bald =BAL
11. **DOB = DATE OF BIRTH** – MM/DD/YYYY
12. **POB = PLACE OF BIRTH** - State of birth – can use state abbreviation, or country of birth
13. **DATE** - The official taking prints must enter the date prints were taken.
14. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS** - The official taking prints must sign/initial the print card.