



**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Pharmacy

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233 • [dopl.idaho.gov](http://dopl.idaho.gov)

## Non-Resident PIC Change Notification for Idaho Registered Non-Resident Drug Outlet

### Idaho Code/Rules & Board Policy

Please review the relevant Idaho Code pertaining to Nonresident Drug Outlets and Nonresident PIC's:

- **54-1721(b)**
- **IDAPA.24.36.01.210.02** - A nonresident pharmacist serving as the PIC for an Idaho registered nonresident drug outlet must be registered to practice into Idaho. All other nonresident pharmacists who are employed by, or affiliated with, and practicing for the Idaho registered nonresident drug outlet, but who are not the PIC, are exempt from license and registration requirements for practice into Idaho
- **IDAPA.24.36.01.501.02** - Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change

### Step 1: To be completed by outgoing Non-Resident PIC or responsible person:

1. Complete the fields in the document indicated below named '**Notification of Change in Non-Resident PIC Change for Idaho Licensed Non-Resident Pharmacy**'
2. Email a copy of the completed form to [bop-info@dopl.idaho.gov](mailto:bop-info@dopl.idaho.gov). Include the Idaho facility registration number and Change of PIC in the Subject line.

### Step 2: To be completed by the incoming Non-Resident PIC:

1. Submit the online application for Idaho Non-Resident PIC, including all requirements.
  - Please note: The Idaho Pharmacist license is not required to obtain the Idaho Non-Resident PIC registration and does not satisfy the facility requirement for an Idaho registered Non-Resident PIC.



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**Notification of Change in Non-Resident PIC  
For Idaho License Non-Resident Pharmacy**

**Outgoing Non-Resident PIC Registration Information:**

Date No Longer Non-Resident PIC: \_\_\_\_\_

Idaho Non-Resident PIC Registration #: PR \_\_\_\_\_

Name: \_\_\_\_\_

Personal Contact Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Non-Resident PIC Registration Information:**

Date Non-Resident PIC duties began: \_\_\_\_\_

Name: \_\_\_\_\_

Idaho Non-Resident PIC Registration: PR \_\_\_\_\_ (if actively registered in Idaho)

**Associated Idaho License Non-Resident Pharmacy Information:**

Idaho License #: \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

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

Pharmacy Contract Email Address: \_\_\_\_\_