



**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)

## Foreign Pharmacy School Graduate Idaho Pharmacist Licensure Requirement Process

### [National Association of Boards of Pharmacy \(NABP\)](#)

- Foreign Pharmacy School Graduates must obtain a **Foreign Pharmacy Graduate Examination Committee (FPGEC) Certification from NABP** to be eligible to apply for an Idaho State Pharmacist License. More information can be found on the NABP website: <https://nabp.pharmacy/programs/fpgec/>

### [Idaho State Board of Pharmacy Requirements](#)

There are two (2) types of applications that *may* be necessary to submit as part of the Idaho Pharmacist License process:

- **If an applicant needs to complete the required 1740 experiential hours at an Idaho pharmacy, the Idaho Intern-Graduate registration is necessary.** Submit the Idaho application for Intern-Graduate. Information and instructions can be found here: <https://bop.idaho.gov/student-pharmacists/>
- **If the 1740 experiential hours have been completed in another U.S. state, the Idaho Intern-Graduate registration is not necessary.** If experiential hours have already been completed in a U.S. state other than Idaho, submit the completed **Experiential Hours Affidavit** below along with your application for Idaho Pharmacist. If requesting Permission to Test (**ATT**) from Idaho to take your NAPLEX, that will be granted once the Idaho Pharmacist application has been reviewed by Licensing Staff. Instructions for the Idaho Pharmacist application can be found here: <https://bop.idaho.gov/pharmacists/>

**All Foreign Pharmacy school graduates must submit the Experiential Hours Affidavit form below with their application for Idaho Pharmacist.**



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## EXPERIENTIAL HOURS AFFIDAVIT

I hereby certify that I, \_\_\_\_\_, completed the Graduate Intern hours listed below at the following United States pharmacy:

Pharmacy Name:

Pharmacy Address:

Pharmacy License#:

Experiential Hours Completed:

From:

To:

**Pharmacist Signature:** \_\_\_\_\_

Date:

Subscribed and sworn to me this day of Notary Public:

Notary Seal

Commission Expires:

Intern-Graduate Pharmacist Name:

**Intern Graduate Pharmacist Signature:** \_\_\_\_\_