



BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

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

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(208) 334-3233
dopl.idaho.gov

Parental/Guardian Consent Form

(For applicants under the age of 18)

I, _____ hereby give permission for my son/daughter
(Parent/Guardian Name)

_____, who is under the age of 18 years of age to apply
(Applicant's Name)

for a pharmacy technician registration with the Idaho Board of Pharmacy.

Parent Signature: _____ Date: _____