



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

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: _____