



Have you ever been charged or convicted [including nolo contendere plea or guilty plea] of a felony or misdemeanor [other than minor traffic offenses] whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? YES NO

Do you currently have any condition or impairment including, but not limited to, substance or alcohol abuse or dependency, that in any way affects your ability to practice pharmacy in a safe and competent manner? YES NO

Have you ever had any application for initial registration or licensure, renewal of registration or licensure, or registration or licensure denied by any licensing authority whether in pharmacy or any other profession? YES NO

***If you answered "YES" to any of the above Disclosure Questions, please include specific details for review and consideration.***

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the registration / license. I hereby certify under penalty of perjury under the laws of the State of North Dakota to the truth and accuracy of all statements and representations made in this application and that I personally completed the application. I understand that I must notify the Board in writing of any change of address or employment. I have read and understand the instructions and statements on this application.

Signed: \_\_\_\_\_  
{Pharmacy Technician}

**ANY CHANGES IN THE ABOVE INFORMATION MUST BE REPORTED TO THE BOARD OF PHARMACY OFFICE IMMEDIATELY.**

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**FOR OFFICE USE ONLY**

Registration No. \_\_\_\_\_ Original Date of Registration \_\_\_\_\_

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