NORTH DAKOTA STATE BOARD OF PHARMACY
P O BOX 1354
BISMARCK ND 58502-1354
Phone (701) 328-9535
Fax (701) 328-9536
www.nodakpharmacy.com

REGISTRATION APPLICATION FOR PHARMACY TECHNICIAN
ANNUAL REGISTRATION FEE REQUIRED - $35.00
{MARCH 1ST TO MARCH 1ST ANNUALLY}

INSTRUCTIONS:

MUST BE LEGIBLY PRINTED

1. **Legibly print** and complete answers to all information requested.
2. Sign where indicated.
3. Submit a recent photo approximately 2 X 3 for identification.
4. Remit completed application, photo and fee to Board of Pharmacy.

1.Name of Applicant in full _____

2.Home Address _____
Street & Number City State Zip

3. Date of Birth _____ E-Mail _____
Month Day Year

4. Place of Birth _____
City County State

5. Social Security Number_____-_____-_____ Phone#_____

6. Were you a Registered Pharmacy Technician prior to October 1, 1994 Yes☐ No☐

7. Are you a graduate of A Pharmacy Technician Program Yes☐ No☐

8. Date of Graduation _____
(Enclose copy of Certificate)

a) Address of School_____

b) Phone #_____ Contact Person _____

9.Have you completed the On-The-Job Training Program Yes☐ No☐

a)Date of completion _____
(Enclose copy of Certificate)

b)Name of supervising Licensed Pharmacist _____

10.Have you successfully completed a National Certification Examination
Yes☐ No☐

a)Date of examination _____
(Enclose copy of Certificate)

11.Current Pharmacy of employment _____

12.Indicate Name and City as it should appear on your Certificate

_____ of _____ _____
Name City State

11. I do solemnly swear and affirm that the answers in this application are true and correct. I certify that I have not been convicted in the court of general jurisdiction of any felony or misdemeanor, nor are there any restrictions taken or pending against me. If you cannot answer yes to this statement, please provide all details with the application.

Signed: _____
{Pharmacy Technician}

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

FOR OFFICE USE ONLY
Registration No. _____ Original Date of Registration _____