NORTH DAKOTA STATE BOARD OF PHARMACY
1906 East Broadway Ave
BISMARCK ND 58501-4700
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. Submit copies of official certificates of completion for a Pharmacy Technician Program and PTCB.
5. Remit completed application, photo, certificate copies, and fee to Board of Pharmacy.

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1. Name of Applicant in full _____

2. Home Address _____
Street & Number City State Zip

3. Date of Birth _____
Month Day Year

4. Place of Birth _____
City County State

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

6. Email Address: _____

7. Graduation from an American Society of Health Systems Pharmacists Accredited Pharmacy Technician Program is required: *(Enclose copy of Certificate)*

9. Certification by the Pharmacy Technician Certification Board [PTCB] is required: (*Enclose copy of Certificate)*

10. Current Pharmacy of employment _____
Name of Pharmacy City

11. Indicate your Name and City as you want it to appear on your Original Certificate

_____ of _____ _____
Name City State

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12. 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 _____