



NORTH DAKOTA STATE BOARD OF PHARMACY

1838 E Interstate Ave Suite D

BISMARCK ND 58503

Phone (701) 877-2404

Fax (701) 877-2405

REGISTRATION APPLICATION FOR PHARMACY

TECHNICIAN IN TRAINING

REGISTRATION FEE REQUIRED - \$10.00

Circle One below

**NEW**

**CHANGES MADE**

**RENEWAL** must Send a

\*\*\* Progress Report

INSTRUCTIONS:

1. **LEGIBLY** 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.

**MUST BE LEGIBLY WRITTEN**

1. Name of Applicant in full \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

Street & Number / P O Box City State Zip

3. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Month Day Year

4. Place of Birth \_\_\_\_\_

City County State

5. Phone# \_\_\_\_\_ Email= \_\_\_\_\_

7. Pharmacy of employment \_\_\_\_\_

Phar Permit # \_\_\_\_\_ [NOT store # - Pharmacy Permit #]

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Street & Number City State

8. Name of supervising Licensed Pharmacist \_\_\_\_\_

9. What Technician Training Program are you enrolled in \_\_\_\_\_

Date of enrollment \_\_\_\_\_

**No matter which program you are enrolled in progress must be made to ensure that you complete the program before your time limit is up. You must send a Progress Report with the Renewal Application to prove you are actually moving towards completion.**

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 a 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.

\_\_\_\_\_  
Technician-In-Training Signature

\_\_\_\_\_  
Supervising Pharmacist Signature

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

**FOR OFFICE USE ONLY**

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