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

Circle One below

N E W

R E N E W A L

CHANGES MADE

REGISTRATION APPLICATION FOR PHARMACY

TECHNICIAN IN TRAINING

REGISTRATION FEE REQUIRED - $10.00

INSTRUCTIONS: **MUST BE LEGIBLY WRITTEN**

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.

1.Name of Applicant in full _____

2.Home Address _____
Street & Number City State Zip

3.Date of Birth _____ Email= _____
Month Day Year

4. Place of Birth _____
City County State

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

7. Pharmacy of employment _____

Address _____ Phone#_____

9. What Technician Training Program are you enrolled in _____

_____ **Date of enrollment** _____

Name of supervising Licensed Pharmacist _____

THE BOARD HAS SET A LIMIT OF TWO YEARS IN WHICH THE TRAINING MUST BE COMPLETED UNLESS A SPECIAL CIRCUMSTANCES EXTENSION HAS BEEN GRANTED

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 _____