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 VETERINARY DISPENSING 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 _____
Month Day Year

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

6. Email Address: _____

7. Graduation from **PROGRAM** required: *(Enclose copy of Certificate)*

9. Certification National Examination is required: (*Enclose copy of Certificate)*

10. Current Facility of employment _____
Name of Veterinary Retail Facility City

Address of Facility:_____

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

_____ of _____ _____
Name City State

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: _____
{Veterinary 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 _____