



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 National Certificate.
5. 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 _____ Gender _____
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)*

8. Certification by the Pharmacy Technician Certification Board [PTCB] or National Health Career Association [ExCPT] is required: *(Enclose copy of Certificate)*

9. Current Pharmacy of employment _____
If Applicable Name of Pharmacy

Street Address City State Zip

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

Name of City State

DISCLOSURES

Have you ever voluntarily surrendered your registration or license issued by a federal or state controlled substance authority? YES NO

Has your license or registration ever been revoked, suspended, restricted, terminated or otherwise been subjected to disciplinary action [public or private] by any Board of Pharmacy or other state authority? YES NO

Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration or any state drug enforcement authority for violation of any state or federal pharmacy, liquor or drug laws? YES NO

Have you ever been charged or convicted [including nolo contendere plea or guilty plea] of a felony or misdemeanor [other than minor traffic offenses] whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? YES NO

Do you currently have any condition or impairment including, but not limited to, substance or alcohol abuse or dependency, that in any way affects your ability to practice pharmacy in a safe and competent manner? YES NO

Have you ever had any application for initial registration or licensure, renewal of registration or licensure, or registration or licensure denied by any licensing authority whether in pharmacy or any other profession? YES NO

If you answered "YES" to any of the above Disclosure Questions, please include specific details for review and consideration.

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the registration / license. I hereby certify under penalty of perjury under the laws of the State of North Dakota to the truth and accuracy of all statements and representations made in this application and that I personally completed the application. I understand that I must notify the Board in writing of any change of address or employment. I have read and understand the instructions and statements on this 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 _____
