



NORTH DAKOTA STATE BOARD OF PHARMACY
 1906 East Broadway Ave
 BISMARCK ND 58501-4700
 Phone (701) 328-9535
 Fax (701) 328-9536

Circle One below

NEW

CHANGES MADE

REGISTRATION APPLICATION FOR PHARMACY

**RENEWALS must have 4
 ***completed Modules**

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. 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# _____

Address _____ Phone# _____
 Street & Number City State

8. Name of supervising Licensed Pharmacist _____

9. What Technician Training Program are you enrolled in _____

Date of enrollment _____

***** THE BOARD HAS SET A LIMIT OF TWO YEARS IN WHICH THE TRAINING MUST BE COMPLETED ***
 If enrolled in the NDSCS PATSIM Program, at least 4 completed module score sheets must be submitted for
 renewal of this Tech-in-Training Registration.**

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 _____