



NORTH DAKOTA STATE BOARD OF PHARMACY

1838 E Interstate Ave Suite D

BISMARCK ND 58503

Phone (701) 877-2404

Fax (701) 877-2405

RENEWAL**RENEWAL APPLICATION FOR PHARMACY TECHNICIAN- IN -TRAINING
RENEWAL FEE REQUIRED - \$10.00**

INSTRUCTIONS:

MUST BE LEGIBLY WRITTEN

1. **LEGIBLY** complete answers to all information requested.
2. Sign where indicated
3. Attach copies of a least 4 module score sheets completed **CURRENT REGISTRATION # TinT** _____
4. Remit completed application, SCORE SHEETS and fee to Board of Pharmacy.

1. Name of Applicant in full _____

2. Mailing Address _____
Street & Number / P O Box City State Zip3. Social Security Number _____ - _____ - _____ Date of Birth _____
Month Day Year4. Place of Birth _____
City State County

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 _____

What have you completed so far? _____ [You must enclose a progress report]

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 _____