



NORTH DAKOTA STATE BOARD OF PHARMACY

1906 East Broadway Ave

BISMARCK ND 58501-4700

Phone (701) 328-9535

Fax (701) 328-9536

**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 Zip

3. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

4. 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 \_\_\_\_\_

If NDSCS PATISM -Number of modules completed? \_\_\_\_\_ [You must enclose the signed score sheets]

- ***If enrolled in the 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 \_\_\_\_\_