

**2025-2026 Renewal Notice**  
**North Dakota State Board of Pharmacy**



**Mark J. Hardy, PharmD.**  
**Executive Director**  
**1838 E Interstate Ave Suite D**  
**Bismarck ND 58503**  
**Phone: 701-877-2404**

**BEFORE**  
**MARCH 1<sup>ST</sup>**

\$ 35.00

**AFTER**  
**MARCH 1<sup>ST</sup>**

\$ 45.00

**Veterinary Dispensing Tech Reg No.** VDT

\_\_\_\_\_  
1<sup>st</sup> name                      Mid Initial                      last name

\_\_\_\_\_  
Street Address – of mailing address

\_\_\_\_\_  
City                      State                      Zip

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN TO THE  
BOARD OF PHARMACY ALONG WITH THE APPROPRIATE  
RENEWAL PAYMENT**

**1. Place of Employment**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP**

\_\_\_\_\_  
**Business Phone**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**E-mail**

**2. Have you been convicted in the court of general jurisdiction of any felony or misdemeanor ?    YES      NO**

**3. Are there any restrictions taken or pending against you?      YES      NO**

**4. By signing, I certify that I am in compliance with Continuing Education requirements set forth in ND Laws & Rules. I also certify that this information is true and correct to be the best of my knowledge. You understand that providing false information is grounds for denial, suspension or revocation of a license.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ALL REGISTRATIONS EXPIRE MARCH 1<sup>ST</sup>.**  
**IF NOT RENEWED BY MAY 1<sup>ST</sup>, THEY WILL BE CANCELLED AND VOID.**

Thank You For Your Cooperation