

**2026-2027 Renewal Notice  
North Dakota State Board of Pharmacy**

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

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

\$ 35.00

\$ 45.00



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

**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