

2025-2026 Renewal Notice North Dakota State Board of Pharmacy



Mark J Hardy, PharmD
Executive Director
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BEFORE
MARCH 1ST

\$ 35.00

AFTER
MARCH 1ST

\$ 45.00

Reg No. Tech _____

1st Name _____ Mid Initial _____ Last _____

Mailing Address _____

NABP e-Profile # _____

City _____ State _____ Zip _____

YOU GO MAY ONLINE AT www.nodakpharmacy.com - left hand side & RENEW THIS REGISTRATION - or at the very least view & update any incorrect data.

1. Place of Employment

Address _____

Business Phone _____

Fax Number _____

Home Phone _____

E-mail _____

2. Technician's Practice – Select Appropriate Practice(s):

Chain

Clinic

Hospital

Independent

Government

Non-Technician Employment

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

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

5. 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 1ST.
IF NOT RENEWED BY MAY 1ST, THEY WILL BE CANCELLED AND VOID.
Thank You for Your Cooperation