

**2019-2020 Renewal Notice  
North Dakota State Board of Pharmacy**



**Mark J Hardy, PharmD**  
**Executive Director**  
**1906 East Broadway Ave**  
**Bismarck ND 58501-4700**  
**Phone: 701-328-9535**  
[www.nodakpharmacy.com](http://www.nodakpharmacy.com)

<b>BEFORE MARCH 1<sup>ST</sup></b>	<b>AFTER MARCH 1<sup>ST</sup></b>
\$ 35.00	\$ 45.00

**Reg No.**          **Tech**         

\_\_\_\_\_  
 1<sup>st</sup> Name                      Mid Initial                      Last

\_\_\_\_\_  
 Mailing Address

**NABP e-profile #** \_\_\_\_\_

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

**GO ONLINE AT [www.nodakpharmacy.com](http://www.nodakpharmacy.com) - left hand side AND RENEW THIS REGISTRATION – or at the very least update any incorrect data.**

**1. Place of Employment**

_____ Address	
_____ Business Phone	_____ Fax Number
_____ Home Phone	_____ E-mail

**2. Technician's Practice – Circle Appropriate Practice(es):**

Chain              Clinic              Hospital              Independent              Government              Non-Technician Employment

**All Active Technicians MUST be PTCB Certified [except if Registered by August 1, 1995]**

**3. PTCB #** \_\_\_\_\_

Expiration date: \_\_\_\_\_

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

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

**6.** 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