



NORTH DAKOTA STATE BOARD OF PHARMACY

P O BOX 1354

BISMARCK ND 58502-1354

Phone (701) 328-9535

Fax (701) 328-9536

REGISTRATION APPLICATION FOR PHARMACY

TECHNICIAN IN TRAINING

REGISTRATION FEE REQUIRED - \$10.00

Circle One below

NEW

RENEWAL

CHANGES MADE

MUST BE LEGIBLY WRITTEN

INSTRUCTIONS:

1. **LEGIBLY** complete answers to all information requested.
2. Sign where indicated
3. Submit a recent photo approximately 2 X 3 for identification.
4. Remit completed application, photo and fee to Board of Pharmacy.

1. Name of Applicant in full \_\_\_\_\_

2. Home Address \_\_\_\_\_  
Street & Number City State Zip

3. Date of Birth \_\_\_\_\_ Email= \_\_\_\_\_  
Month Day Year

4. Place of Birth \_\_\_\_\_  
City County State

5. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone# \_\_\_\_\_

7. Pharmacy of employment \_\_\_\_\_  
Address \_\_\_\_\_ Phone# \_\_\_\_\_

9. What Technician Training Program are you enrolled in \_\_\_\_\_  
Date of enrollment \_\_\_\_\_

Name of supervising Licensed Pharmacist \_\_\_\_\_

**THE BOARD HAS SET A LIMIT OF TWO YEARS IN WHICH THE TRAINING MUST BE COMPLETED UNLESS A SPECIAL CIRCUMSTANCES EXTENSION HAS BEEN GRANTED**

- **If enrolled in the PATSIM Program, progress in the program must be shown for renewals by submitting score sheets for completed modules.**

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 \_\_\_\_\_