

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE #530
Minneapolis, MN 55414-3251
Phone: (651) 201-2825 Fax: (651) 201-2837
Relay Service: Metro Area (651) 297-5353 – Non-Metro Area 800-627-3529
E-Mail: pharmacy.board@state.mn.us - Web: www.pharmacy.state.mn.us
NO RETURN OR REFUND OF FEES

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

FEE: The fee for registration is \$30 + \$5* = \$35.

*As of October 1, 2010, license and registration fees include a 10% electronic licensing surcharge, with a \$5.00 minimum. These funds are sent to the Minnesota Office of Enterprise Technology to implement one portion of a state electronic licensing system. The surcharge will be in place through June 15, 2015.

Once you become registered, you are given a registration number that stays with you, even if you work at a different pharmacy. The registration expires on December 31 of each year. A renewal application will be mailed to you so you can maintain your registration. **Make check payable to Minnesota Board of Pharmacy.**

Date of Application:
Month Day Year

Technician Name: First: _____ Middle: _____ Last: _____

Date of Birth:
Mo. Day Year **Social Security #:** - -
Required

Gender: Male Female

Ethnic Group: AM Indian or AK Native Asian or Pacific Islander
 Black, not of Hispanic origin Hispanic
 White, not of Hispanic origin

Mailing Address: This address will be available to the public:

Street Address: _____

City, State, and Zip: _____

Required Physical Address:

Street Address: _____

City, State, and Zip: _____

E-Mail address: _____

Minnesota Statutes 13.41 now requires that all licensees and registrants provide the Board with a telephone number that will be part of the public record. Please provide a “public” phone number where you can be reached.

Public Phone: -

Formal Technician Training Program Attended (if any): _____

Graduation Date:
Mo. Day Year

Has the Pharmacy Technician Certification Board (PTCB) or the Institute for the Certification of Pharmacy Technicians (ICPT) certified you? Yes No If certified, when did you become certified?
Mo. Day Year

Were you ever previously registered as a technician in the State of Minnesota? Yes No
If yes, under what name were you registered? _____
When were you last registered as a technician? _____

Have you ever been registered as a pharmacy technician in another state? Yes No
If yes, which state(s)? _____

Have you ever been charged with theft or with violating any state or federal laws relating to drugs or alcohol?
 Yes No

If yes, please describe: _____

Have you ever been disciplined by any health licensing board in this or any other state? Yes No
If yes, please describe: _____

Employment: Pharmacy License Number: _____

Name and address of the pharmacy at which you work. If there is more than one pharmacy, please list below:

SIGNATURE OF APPLICANT: _____ **DATE:** _____