



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

CERTIFIED PHARMACY TECHNICIAN REGISTRATION

July 2009 – All previous technician applications are obsolete and are unacceptable
Non Refundable Fee \$35.00

****PRINT using BLOCK letters or type – illegible applications will not be processed****

NAME _____ PHONE _____
FIRST MIDDLE LAST

SSN _____ DATE OF BIRTH _____ Age: _____

ADDRESS _____
NUMBER STREET

CITY, STATE, & ZIP _____

1. Have you been found guilty, convicted or received a withheld judgment or suspended sentence by a court of competent jurisdiction in this state or any other state for a felony, act involving moral turpitude, gross immorality or which is related to the qualifications, functions or duties of a registrant; violation of pharmacy drug laws of this state, rules of the Idaho Board of Pharmacy, or statutes, rules, or regulations of any other state or federal government?
 No Yes, *attach all related court records*
2. Have you been found by the Idaho Board of Pharmacy to be in violation of any of the provisions of Title 54, Chapter 17, Idaho Code, Title 37, Chapter 27 Idaho Code or of the rules of the Idaho Board of Pharmacy or have you committed fraud or intentional misrepresentation in securing the issuance of a pharmacy technician registration? No Yes, *attach all related records*
3. Do you have incapacity of a nature that prevents an individual from performing the functions of a pharmacy technician with reasonable skill, competence, and safety to the public? No Yes
4. Have you previously been licensed by the Board of Pharmacy under this or another name?
 No Yes, *what name* _____
5. I have received my high school diploma or equivalent No, *attach waiver request* Yes, *attach copy of diploma, certificate or transcript*
6. I have received Pharmacy Technician Certification from ExCPT or PTCB No Yes, *attach copy of certificate*

CERTIFICATE OF MORAL CHARACTER *(to be signed by two reputable business people)*

This certifies that I am acquainted with the applicant named above and I believe them to be of good moral character and temperate habits and I hereby recommend them as worthy of receiving the registration for which they have applied.

Name _____

Name _____

Address _____

Address _____

Signature _____

Signature _____

Date _____

Date _____

EMPLOYMENT INFORMATION

PHARMACY NAME _____

PHARMACY LICENSE NUMBER _____

CITY, STATE, & ZIP _____

STATEMENT OF CERTIFIED TECHNICIAN APPLICANT- I have studied and understand the Idaho rules regarding pharmacy technicians and I will comply with them as well as Federal and State laws regarding Pharmacy. I hereby certify that the above statements are true and correct.

Signature of Applicant

Date