



Idaho State Board of Pharmacy

3380 Americana Terrace #320
208/334-2356

PO Box 83720

Boise ID 83720-0067
208/334-3536 Fax

PHARMACY TECHNICIAN-IN-TRAINING REGISTRATION

March 2010 – All previous technician applications are obsolete and are unacceptable
Non Refundable Fee \$35.00

NAME _____ PHONE _____
FIRST MIDDLE LAST

SSN _____ DATE OF BIRTH _____ Age: _____

ADDRESS _____
NUMBER STREET

CITY, STATE, & ZIP _____

1. I have been diagnosed or treated for any mental illness, or alcohol or substance abuse issue, or other physical condition/s that would impair my ability to perform any of the essential functions of my profession. No Yes
2. I have been the subject of a completed or pending administrative action regarding any of my professional licenses, registrations, or the equivalent in this or any state. No Yes
3. I have had a professional license, registration, or the equivalent of suspended, revoked, surrendered, or otherwise disciplined (including private or non-public stipulation). No Yes
4. I have been found guilty, convicted, or received a withheld judgment or suspended sentence by a court of competent jurisdiction in this state or any state for a felony, an act involving moral turpitude or gross immorality, or an act which is otherwise related to the qualifications, functions, or duties of a licensee or registrant, or a 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
5. 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
6. Have you previously been registered by the Idaho Board of Pharmacy under this or another name?
 No Yes, *what name* _____ Registration #: _____
7. I have received my high school diploma or equivalent No *attach waiver request* Yes *attach copy*

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 – *You must be employed by a pharmacy to qualify for this registration*

PHARMACY

NAME _____ ADDRESS _____

PHARMACIST- IN-CHARGE _____

STATEMENT OF TECHNICIAN-IN-TRAINING APPLICANT- I have studied and understand the Idaho rules regarding pharmacy technicians-in-training and I will comply with them as well as Federal and State laws regarding Pharmacy. I understand my registration will expire as of the date printed on my registration card and that I may renew my registration one time as per Board Rule 251.07.c, even though the Board ***will not*** issue a renewal notice. I hereby certify that the above statements are true and correct.

Signature of Applicant

Date