



# 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 RENEWAL 2010 Renewal fee \$35 - \$52.50 if paid after 6/30/2010

NAME \_\_\_\_\_ REGISTRATION NUMBER (IDAHO) \_\_\_\_\_

PTCB OR ICPT

CERTIFICATE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

*\*\*The contact information you provide on applications for registration, licensure, and renewal is used to respond to Public Records Act requests. If you do not wish to have your home phone and address released to the public, you may use your current business contact information as a mailing address when completing these forms\*\*.*

HOME

ADDRESS \_\_\_\_\_  
NUMBER STREET

CITY, STATE &

ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

### Mailing (if different from above)

ADDRESS \_\_\_\_\_  
NUMBER STREET

CITY, STATE &

ZIP \_\_\_\_\_

### EMPLOYMENT (IF EMPLOYED AT MORE THAN ONE LOCATION, INDICATE ON BACK OF RENEWAL)

PHARMACY NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHARMACY'S LICENSE \_\_\_\_\_

### SINCE YOUR LAST RENEWAL - If you check "YES" below, provide all related documentation

1. Have you changed employment?  No  Yes, complete Pharmacy Technician Employment Change/Additional Employer Form and return with your renewal.
2. 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
3. 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
4. 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
5. 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

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

\_\_\_\_\_  
DATE