



**State of New Hampshire
Board of Pharmacy**
57 Regional Drive
Concord, NH 03301-8518
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

REGISTRATION FEE: \$25.00 NO CASH – CHECK OR MONEY ORDER <u>ONLY</u> PAYABLE TO: <i>Treasurer, State of New Hampshire</i>

PHARMACY TECHNICIAN REGISTRATION FORM

April 1, 2011 – March 31, 2012 Registration Period

ALL SECTIONS MUST BE COMPLETED.

PRINT CLEARLY IN BLACK OR BLUE INK ONLY. ILLEGIBLE, OUT-DATED, COPIED, OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION					
Applicant's Name		First	Middle	Last	
Mailing Address					
City	State	Zip Code	Home Phone ()	Date of Birth (MM/DD/YY) / /	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Are You <u>Currently</u> Certified By The <i>National Pharmacy Technician Certification Board (PTCB)</i> or by the <i>Institute for the Certification of Pharmacy Technicians (ICPT)</i> ?		<input type="checkbox"/> Yes* <i>*If Yes, you <u>must</u> attach a copy of your <u>current</u> PTCB or ICPT Certificate.</i> <input type="checkbox"/> No
Have you ever been known under any other name (i.e. Maiden Name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:					

2. CURRENT PHARMACY EMPLOYMENT	
Name of Pharmacy Which You Are Currently Employed (If not currently employed in a pharmacy, write "Not Currently Employed")	Date Of Hire As A Pharmacy Technician (MM/YY) /
Complete Address of Pharmacy	

3. REGISTRATION / LICENSURE AS A PHARMACY TECHNICIAN	
Are you now or have you ever been registered or licensed as a pharmacy technician in NH or any other state? *If yes, indicate which state(s), and whether or not the registration/licensure is current. _____	<input type="checkbox"/> Yes* <input type="checkbox"/> No

4. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.	
• Have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, Attach Explanation.</i>
• Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, Attach Explanation.</i>
• Have you ever been convicted of a felony as defined under any state or federal law?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, Attach Explanation.</i>
• Are you presently charged with the commission of any such felony?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, Attach Explanation.</i>
• Have you ever voluntarily surrendered your pharmacy technician registration in this or any other state or jurisdiction?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <i>* If Yes, Attach Explanation.</i>
<i>Please explain each yes answer (additional information may be listed on back)</i>	

5. APPLICANT'S STATEMENT	
I certify that I am the person described and identified in this application; that I have read Ph 800 of the NH Code of Administrative Rules, available at each licensed pharmacy and online at http://www.nh.gov/pharmacy/laws/tech_rules.htm and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy technician in the State of New Hampshire.	
Signature: _____	Date: _____
<i>INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED. YOUR 2011-2012 REGISTRATION CERTIFICATE WILL BE ISSUED WITHIN 2 WEEKS OF RECEIPT OF COMPLETED APPLICATION. ONCE RECEIVED, YOUR CERTIFICATE MUST BE POSTED OR KEPT ON FILE AT YOUR PHARMACY OF EMPLOYMENT & PRESENTED TO STATE PHARMACY INSPECTORS UPON REQUEST.</i>	