

NO RETURN OR REFUND OF FEES

The fee for registration is \$60.00

**APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN
(THIS IS NOT A RENEWAL FORM FOR ACTIVE TECHNICIANS)**

As of January 1, 2012 any individual registering for the first time as a technician needs to be 18 years of age or older. Effective January 1, 2013, individuals who register as a pharmacy technician for the first time or who register after letting their registrations lapse for more than 12 months, must be high school graduates or have a general educational development (GED) certificate. **The Board is not able to issue an active pharmacy technician registration until the applicant presents the board with evidence of high school graduation or possession of a GED certificate.** In addition, those individuals will have 12 months from your registration date to complete Board-approved pharmacy technician training. Additional information about technician training requirements can be found at: [Pharmacy Technician Training Guidance](#).

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.

Make checks payable to Minnesota Board of Pharmacy.

Date of Application: _____ mm/dd/yy

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

Date of Birth: _____ **Social Security #:** _____
Month Day Year Required

Designated Address: Minn. Stat. 13.41, subd. 2, requires that applicants and licensees designate a public residence or business address and telephone number where they can be reached regarding licensing matters. **The designated address and telephone number are classified as public.** Your license card will be mailed to your designated address. Note: If your designated address is a healthcare facility or other business, please enter the name of the facility in the first address line, followed by the street address in the second line.

Street Address: _____

City, State, and Zip _____

Email Address: _____ **Telephone:** _____

The Board may utilize GovDelivery or similar email communications to provide active licensees with important information. It is the responsibility of licensees and registrants to ensure they are subscribed to the Board's communication list-serve. Opting out of receiving the Board's electronic communications is not recommended.

Business Address: Minn. Stat. 214.073 requires applicants and licensees to provide their primary business address at the time of initial application and all subsequent renewals. Your primary business address is public.

☐ Same as Designated Address

☐ I certify that I am not currently in the workforce and I don't have a business address related to my practice

Business Name: _____

Street Address: _____

City, State, and Zip _____

Private Address: If you provide a private address, it will be used by the Board to send most correspondence to you, with the exception of the license card received upon renewal. Private addresses are not accessible to the public.

☐ Not Applicable

Street Address: _____

City, State, and Zip _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Decline to answer

You must attach evidence of high school graduation (either a copy of your diploma or a transcript that shows a graduation date or GED certificate.

Your registration will not become active until we receive this proof.

Were you ever previously registered as a technician in the State of Minnesota? ☐ Yes ☐ No

If yes, under what name were you registered? _____

Date you were last registered as a technician? _____

Have you ever been registered as a pharmacy technician in another state? ☐ Yes ☐ No

If yes, which state(s)? _____

Formal Technician Training Program Attended (if any): _____

Graduation Date: _____

Has the Pharmacy Technician Certification Board (PTCB) or the Institute for the Certification of Pharmacy Technicians (ICPT) certified you? ☐ Yes ☐ No

If certified, on what date did you become certified? _____

Practice Questions: All applicants must answer the following questions. If you answer yes to any of these questions, please provide additional information explaining why you answered yes.

1. Are you currently under investigation, or have you ever been charged, plead guilty to, or convicted of an offense that if committed in this state would be deemed a felony without regard to its designation elsewhere?

☐ Yes ☐ No

If Yes, provide copies of all relevant court documents, including but not limited to guilty pleas, records of conviction, final disposition or adjudication, and orders for probation and their terms.

2. Have you ever plead guilty to or been convicted of violating any state or federal law relating in any way to drugs or alcohol?

☐ Yes ☐ No

If Yes, provide copies of all relevant court documents, including but not limited to guilty pleas, records of conviction, final disposition or adjudication, and orders for probation and their terms, along with any related chemical assessments or chemical dependency treatment records.

3. Are you currently the subject of a complaint investigation by, or have you ever had disciplinary action taken against you or any license or registration you've held, by another state, U.S. territory, or by one of this state's health licensing agencies? This includes the revocation, suspension, restriction, limitation, agreements for corrective action, or other disciplinary action against a license or registration you've held in another state or jurisdiction.

☐ Yes ☐ No

If Yes, provide copies of all relevant documents, including but limited to final disciplinary orders or agreements for corrective action.

Employment: Pharmacy License Number: _____ Full/Part Time: _____

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

By signing below, I certify that all the information I have provided in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____