MINNESOTA BOARD OF PHARMACY

Protecting the Public Since 1885 | pharmacy.board@state.mn.us

2829 University Ave. SE, Suite 530 | Minneapolis, MN 55414

Technician Request for Training Extension

Use this form to request additional training time to meet the Board's technician training registration requirements. This is different than the Pharmacy Technician Certification (PTCB) and the Exam for the Certification of Pharmacy Technicians (ExCPT) certification programs. Contact those programs for additional information.

Technician Information

Name	Registration Number	Phone number	Email

Extension Request

Use this space to provide the reason for your extension request. Include a reasonable plan you intend to use to complete training within the requested extension period. Attach additional pages if necessary.

Title of training program	Program Start Date	End Date of Program	Length of Extension Requested ◯3 month ◯6 month ◯Other
If you choose "Other" in the Length of Extension Question above, indicate the length you are requesting and why.			

Pharmacy or Vocational/Technical School Providing Training

List the school/training facility if you plan to use this type of training to fulfill your training requirement.

Business Name	Pharmacy License Number if Applicable	Phone Number	
Address	City	State	Zip

For the Board to consider granting an extension to complete the required pharmacy technician training requirement, the program listed on this request must be an accepted program. See "Pharmacy Technician Training Requirements" on the Board's website.

The Board will send you an email accepting or rejecting your extension within seven business days of receiving your request.

By signing this I understand that I must complete an approved pharmacy technician training program and submit proper proof of my completed training to the MN Board of Pharmacy within the granted extension time frame.

Technician Signature	Print Name	Date

Pharmacist-in-Charge Must Complete this Section

As the pharmacist-in-charge, I request a training extension for the above named technician, and I have verified the accuracy of the statements made on this document. I understand that the training must be completed in compliance to Minnesota Rules, Chapter 6800.3850, subp. 1h.

Pharmacist-In-Charge Signature	Print Name	Date

Fax: 612-617-2262