

Technician Request for Training Extension

This training extension request is a ONE TIME request. All future submissions will be denied.

*Technician training must be completed within 12 months from the date of original registration or reinstatement. In very limited cases, the Board may grant **a one-time extension for extenuating circumstances**. Only submit an extension request if you are able to provide documentation to substantiate an actual hardship. If training is not completed following an approved extension, **no additional extensions will be granted and the technician registration will not be renewed.***

Technician Information

Name*	Registration Number*	Phone number*	Email*
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Extension Request

Include the **circumstances** that led to training not being completed. A **detailed plan** to complete training within the requested extension period. **Include supporting documents to show proof of enrollment in a training program/progress report** per MN Rule 6800.3850 Subp. 1h B.(4). Attach additional pages if necessary.

Blank slots or lack of information will be an automatic denial.

Title of training program being provided*:	Note: If approved, the extension will be granted for 6 months .

Pharmacy or Vocational/Technical School Providing Training

List the Pharmacy/School/Training facility if you plan to attend a program to fulfill your training requirement.

Pharmacy/Business Name

Pharmacy License Number (if Applicable)

Phone Number

Address

City

State

Zip

Employment Start Date *

☐

Full-Time

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Part-Time

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.

You will be notified via email in regard to the status of your extension request once it is reviewed by the Board.

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 time.

In the result of not submitting the certificate of completion/documents within the time frame, I will not be able to extend my training again.

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

Pharmacist License Number