

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE #530
Minneapolis, MN 55414-3251
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Relay Service: Metro Area (651) 297-5353 – Non-Metro Area 800-627-3529
E-Mail: pharmacy.board@state.mn.us - Web: www.pharmacy.mn.gov
NO RETURN OR REFUND OF FEES

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

FEE: The fee for registration is \$37.50

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. A renewal application will be mailed to you so you can maintain your registration. **Make check payable to Minnesota Board of Pharmacy.**

Date of Application:
Month Day Year

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

Date of Birth:
Mo. Day Year **Social Security #:** - -
Required

Gender: Male Female

Ethnic Group: AM Indian or AK Native Asian or Pacific Islander
 Black, not of Hispanic origin Hispanic
 White, not of Hispanic origin

Mailing Address: This address will be available to the public:
Street Address: _____
City, State, and Zip: _____

Required Physical Address:
Street Address: _____
City, State, and Zip: _____

E-Mail address: _____

Minnesota Statutes 13.41 now requires that all licensees and registrants provide the Board with a telephone number that will be part of the public record. Please provide a "public" phone number where you can be reached.

Public Phone: -

**** 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.****

Formal Technician Training Program Attended (if any): _____

Graduation Date:
Mo. Day Year

Has the Pharmacy Technician Certification Board (PTCB) or the Institute for the Certification of Pharmacy Technicians (ICPT) certified you? Yes No If certified, when did you become certified?
Mo. Day Year

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)? _____

Have you ever been charged with theft or with violating any state or federal laws relating to drugs or alcohol?

Yes No

If yes, please describe: _____

Have you ever been disciplined by any health licensing board in this or any other state? Yes No

If yes, please describe: _____

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:** _____