

WEST VIRGINIA BOARD OF PHARMACY

232 CAPITOL STREET
CHARLESTON, WEST VIRGINIA 25301

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

PLEASE PRINT FOR USE ONLY FOR 20 HOUR TRAINING PROGRAM CERTIFICATION FEE: \$25.00

IF YOU HAVE WORKED FOR 2,080 HOURS AS A PHARMACY TECHNICIAN PRIOR TO JUNE 1, 1997, FILL OUT ONLY SECTIONS I, II AND V.

IF YOU ARE A CERTIFIED TECHNICIAN IN ANOTHER STATE, FILL OUT ONLY SECTIONS I, III AND V.

IF YOU ARE CERTIFIED BY THE PHARMACY TECHNICIAN CERTIFICATION BOARD, FILL OUT ONLY SECTIONS I, IV AND V.

SECTION I

Date _____ Sex: M F Birthdate _____

Name _____ Soc. Sec. No. _____
Last First Middle

Street or Box _____ City _____ State _____ Zip _____

Graduate of _____ High School. Year _____

City _____ State _____ Zip _____

General Education Development Diploma Issued by Board of Education in

County _____ State _____ Year _____

SECTION II

Name of pharmacies where employed and dates of employment:

_____ Lic. # _____ From _____ 199__ To _____ 199__

_____ Lic. # _____ From _____ 199__ To _____ 199__

I certify that I have been continuously employed as a pharmacy technician for at least 2,080 hours prior to June 1, 1997 and that the above information is true and correct.

Applicant's signature _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 19____.

Signed _____

Notary Public

I certify that _____ has worked _____ hours as a pharmacy technician at _____ pharmacy, Lic. # _____ during the period of time from _____, 19____ to _____, 19____.

Pharmacist-in-Charge Signature _____ Lic. # _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 19____.

Signed _____

Notary Public

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SECTION III

I certify that I have a current and valid license or certificate as a pharmacy technician in the state of

_____, license or certificate # _____

Pharmacy Technician signature _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 19_____.

Signed _____

Notary Public

**LETTER FROM OTHER STATE BOARD OF PHARMACY VERIFYING LICENSURE
MUST BE INCLUDED WITH APPLICATION**

SECTION IV

I certify that I am certified by the Pharmacy Technician Certification Board, certificate number _____.

Pharmacy Technician signature _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 19_____.

Signed _____

Notary Public

**LETTER FROM PHARMACY TECHNICIAN CERTIFICATION BOARD VERIFYING CERTIFICATION
MUST BE INCLUDED WITH APPLICATION**

SECTION V

I certify that _____ has adequately completed the 20 hour training program as outlined in Rule 3.4. of 15 C.S.R. 7.

Pharmacist-in-Charge signature _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 19_____.

Signed _____

Notary Public