



Board of Pharmacy

Phone (304) 558-0558
Fax (304) 558-0572

PHARMACY TECHNICIAN TRAINEE NOTIFICATION

Trainees **MUST** receive their 2,080 hours within two (2) years!

Office
232 Capitol Street
Charleston, West Virginia 25301

NAME OF TRAINEE _____, _____, _____ Please print.
(last) (first) (middle)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE NUMBER _____ SS# _____

HIGH SCHOOL GRADUATE _____ YES (YEAR) _____ NO _____ GED _____

DATE OF BIRTH _____ AGE _____

NAME OF PHARMACY _____ STORE # _____

STREET ADDRESS OF PHARMACY _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

PHONE NUMBER OF PHARMACY _____

EMPLOYMENT DATE STARTED IN PHARMACY _____

CHECK HERE IF STUDENT TECHNICIAN TRAINEE _____ HIGH SCHOOL _____ COLLEGE _____

LIST ANY OTHER PHARMACY IN WHICH YOU WORKED AS TRAINEE:

PLEASE PRINT NAME OF P.I.C. _____

SIGNATURE OF P.I.C. _____

TODAY'S DATE _____

Original must be sent to the West Virginia Board of Pharmacy Office within 30 days of employment start date. Make a copy of this form and post in pharmacy.