

SECTION III

I certify that I am nationally certified by (a) the Pharmacy Technician Certification Board, Certificate #: _____:
or The National Health Association (EXCPT), Certificate #: _____

Pharmacy Technician Signature:

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20_____.

Signature: _____

Notary Public

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

SECTION IV

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 Name (Print): _____

Pharmacist-in-Charge Signature: _____ RP000 _____

Name of Pharmacy: _____ Phone # _____

Address of Pharmacy: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20_____.

Signature: _____ Seal:

Notary Public

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO
DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE
OR REGISTRATION.