Pharmacy Technicians Listing

Complete the following information and return **with** the "Application for Pharmacy Registration." If additional space is needed, copy this form prior to filling in the information. If you do not have any technicians working in the pharmacy write "None" across this sheet. Complete the top portion and sign at the bottom.

Name of Pharmacy _____County_____

Pharmacist-in-Charge_____License #_____

Address, City, Zip_____

Technician Name _____	Technician Name _____
Social Security Number _____	Social Security Number _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Part time _____ Full Time _____	Part time _____ Full Time _____
Technician Name _____	Technician Name _____
Social Security Number _____	Social Security Number _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Part time _____ Full Time _____	Part time _____ Full Time _____
Technician Name _____	Technician Name _____
Social Security Number _____	Social Security Number _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Part time _____ Full Time _____	Part time _____ Full Time _____
Technician Name _____	Technician Name _____
Social Security Number _____	Social Security Number _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Part time _____ Full Time _____	Part time _____ Full Time ____

I hereby certify as Pharmacist-in-Charge that the above stated information is true and correct.

_____
Pharmacist-in-Charge Signature   Date
(Signature Require)