Pharmacy Technicians Listing

Complete the following information and return $\underline{\text{with}}$ 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.

Pharmacist-in-Charge	Name of Pharmacy	County
Technician Name Social Security Number Social	Pharmacist-in-Charge	License #
Social Security Number Social Security Number Address Address City, State, Zip Part time Full Time Technician Name Social Security Number Address City, State, Zip Part time Full Time Full Time Full Time City, State, Zip Part time Full Ti	Address, City, Zip	
Address City, State, Zip Part time Full Time Part time Full Time Technician Name Social Security Number Address City, State, Zip Part time Full Time Social Security Number Address City, State, Zip Part time Full Time Part time Full Time Full Time Technician Name Social Security Number City, State, Zip City, State, Zip Full Time Technician Name Social Security Number Address City, State, Zip City, State, Zip Full Time Social Security Number Address City, State, Zip Full Time Full Time Full Time Social Security Number Address City, State, Zip Fart time Full Time Full Time Technician Name Social Security Number City, State, Zip	Technician Name	Technician Name
City, State, Zip	Social Security Number	Social Security Number
Part time Full Time Part time Full Time Technician Name Technician Name Social Security Number Address Address City, State, Zip Part time Full Time Full Time Full Time Social Security Number Social Security Number Social Security Number Address City, State, Zip Part time Full Time F	Address	Address
Technician Name	City, State, Zip	City, State, Zip
Social Security Number Address City, State, Zip Part time Full Time Part time Full Time Social Security Number Technician Name Social Security Number City, State, Zip City, State, Zip Part time Full Time Social Security Number City, State, Zip Part time Full Time Technician Name City, State, Zip Part time Full Time Technician Name Social Security Number Address City, State, Zip Technician Name Social Security Number Technician Name City, State, Zip	Part time Full Time	Part time Full Time
Address	Technician Name	Technician Name
City, State, Zip City, State, Zip Part time Full Time Part time Full Time Full Time Social Security Number Social Security Number Address City, State, Zip Part time Full Time Part time Full Time Part time Full Time Social Security Number Address City, State, Zip	Social Security Number	Social Security Number
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Technician Name Social Security Number Social Security Number Address City, State, Zip	City, State, Zip	City, State, Zip
Social Security Number Social Security Number Address City, State, Zip Part time Full Time Part time Full Time Social Security Number Social Security Number Social Security Number Address City, State, Zip	Part time Full Time	Part time Full Time
Address	Technician Name	Technician Name
City, State, Zip City, State, Zip Part time Full Time Technician Name Technician Name Social Security Number Social Security Number Address City, State, Zip	Social Security Number	Social Security Number
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Social Security Number Social Security Number Address City, State, Zip City, State, Zip	Part time Full Time	Part time Full Time
Address Address City, State, Zip City, State, Zip	Technician Name	Technician Name
City, State, Zip City, State, Zip	Social Security Number	Social Security Number
	Address	Address
Part time Full Time Full Time	City, State, Zip	City, State, Zip
	Part time Full Time	Part time Full Time

Pharmacist-in-Charge Signature

(Signature Require)

Date

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