

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
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pharmacy@ks.gov Fax (785) 296-8420

**REGISTRATION APPLICATION:**

**Technician Certification  
Extension Request  
Form LA-75**

**INSTRUCTIONS**

All forms must be typed and be complete before they will be processed by staff. **This form is for a Pharmacy Technician with a registration issued after July 1, 2017.**

Per K.A.R. 68-5-17, a national certification examination must be passed before the first renewal. Use this form to request a six-month extension (through April 30 following registration expiration) to pass an approved examination.

This form is NOT an extension for continuing education.

This form must be received by the Board before you renew and no later than **October 31<sup>st</sup>**.

**TECHNICIAN INFORMATION**

Name	Registration Number*	Phone Number	
Mailing Address			
City	State	Zip	Email

The Board will contact you by email.

**EMPLOYER INFORMATION**

Facility Name	Facility Registration Number*		
Physical Address (non-residential, no PO Box)			
City	State	Zip	County
Phone	Pharmacist-in-Charge		Employment Start Date

\*If you do not know the Registration Number, go to <https://ksbop.elicensesoftware.com/portal.aspx>.

I am not currently employed as a pharmacy technician. (No PIC signature on page 2 required.)

**TECHNICIAN VERIFICATION**

*The information contained on this form is true, correct, and complete to the best of my knowledge.*

\_\_\_\_\_  
TECHNICIAN SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**PHARMACIST-IN-CHARGE CERTIFICATION**

*I have read the information provided by the technician.*

\_\_\_\_\_  
PHARMACIST-IN-CHARGE SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PHARMACIST KANSAS LICENSE NUMBER

**OFFICE USE ONLY**

Approved / Denied Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Notification Date: \_\_\_\_\_