

Applicant Name: _____

9906/001 Application	\$ 40
9906/006 Regulatory fee	\$ 10



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243
PHONE: (615) 741-2718 FAX: (615) 741-2722
<http://health.state.tn.us/boards/pharmacy/>

APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION

Information for Individuals who desire to register as a Pharmacy Technician

The Tennessee Board of Pharmacy registers all Pharmacy Technicians practicing in the State of Tennessee. The following documents are necessary to implement Registration.

Pharmacy Technician Affidavit (To be completed by the Pharmacist-in-Charge)

A completed affidavit must be kept on file at the pharmacy. **Do not return the Affidavit !!**

Once processed, a Certificate of Registration and a wallet card will be sent to the address supplied on the application. The Certificate must be displayed at the technician's place of employment.

The registration is good for two (2) years.

Applicants for registration as technician shall, meet preliminary requirements, proof of which must first be filed with the Director of the Board under rules and regulations adopted by the Board.

Applicants for registration as technician must complete this application. The fee for Pharmacy Technician Registration is \$50.00. The Registration is renewable on a two year term as set forth in Rule 1140-1-.10 of the Tennessee Board of Pharmacy. All registered technicians shall display the technician's registration certificate at the primary pharmacy practice site.

MAIL COMPLETED APPLICATION WITH APPROPRIATE FEE AND INFORMATION TO:

TENNESSEE DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
TENNESSEE BOARD OF PHARMACY
227 FRENCH LANDING, SUITE 300
NASHVILLE, TN 37243
TELEPHONE #: (615) 741-2718

APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION:

Name (Last) (First) (Middle)

(Mailing Address)

(City) (State) (Zip Code)

Place of Birth _____

(City) (State) (Sex)

Date of Birth _____ - _____

(Month) (Day) (Year) (Social Security Number)

Home Phone No. (_____) _____

VIOLATIONS:

Have you been convicted of a misdemeanor (except minor traffic offenses) including alcohol or drug related offenses (including marijuana or hallucinogens)? Yes No

Have you been convicted of a felony? Yes No

Are there **ANY** charges pending against you? Yes No

DUI Yes No

Drug Charges Yes No

Charges of any kind in another state Yes No

If yes, please attach explanation:

I, _____, do solemnly swear and affirm that I have personally completed this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge.

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____ 20__.

My Commission expires _____.

(Notary Public)

Are you a citizen of the United States? YES NO

OTHER LICENSURE:

Are or have you ever been registered in any other state?

YES NO

If **yes**, list dates and states:

Employer Name

(Employer Address) (Street)

(City) (State) (Zip)

()

Employer Phone Number

DO NOT WRITE BELOW THIS LINE (FOR BOARD USE ONLY)

Fee Schedule Effective **JANUARY 1, 2003**

Technician Registration Fee \$50.00

REGISTRATION NO: _____

DATE ISSUED: _____

DIRECTOR: _____

REGISTRATION checks/money orders should be payable to Tennessee Board of Pharmacy.
Pharmacy Technician rules require that you notify the Pharmacy Board Office as soon as possible of any changes in employer.