

SOUTH DAKOTA STATE BOARD OF PHARMACY

3701 W. 49th Street, Suite 204

Sioux Falls, SD 57106

605-362-2737

www.pharmacy.sd.gov

Registration Application for Pharmacy Technician Fee: \$25.00

Original registration required within 30 days of accepting employment as a technician.

It is the technician's responsibility to renew the registration prior to expiration date and to report a change of name, address, or employment status within 10 days of such change.

INSTRUCTIONS:

- Type or print in ink complete answers to all information requested.
- Incomplete or illegible application will be returned.
- After you complete and sign this application it must also be signed by the pharmacist-in-charge.
- Remit completed application and \$25 fee to South Dakota Board of Pharmacy.

PERSONAL INFORMATION

Technician Name _____
Last First Middle Initial Maiden

Home Address _____
Street/PO Box City State Zip

Telephone Number _____ Male Female

Date of Birth _____ Social Security Number _____

Employment Verification: (If employed at more than one pharmacy, use another sheet of paper):

Pharmacy Name _____ Phone Number _____

Address _____ City _____ State _____ ZIP Code _____

Student Verification: Are you currently enrolled in a technician training program? ___No ___Yes

If yes, where? _____

Please list the pharmacy(s) where you will be doing your student internship: _____

Are you currently a Nationally Certified Pharmacy Technician? ___No ___Yes **If yes, attach a copy of your certificate.**

Have you ever been registered as a pharmacy technician? ___No ___Yes

Which state(s)? _____ Previous Registration Number(s)? _____

FOR SD BOP USE ONLY

Received _____ Check # _____ Amount _____ Approved _____ Issued _____

WORK HISTORY

Please list your work experience for the past five years, starting with the most recent (use additional sheet if necessary). Do not include current employment which you have already listed above.

BUSINESS/COMPANY NAME COMPANY ADDRESS CITY, STATE, ZIP POSITION TITLE DATES EMPLOYED

EDUCATION

Circle highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 High school graduate or equivalent (GED)? Yes No

Name and location of schools or training Dates attended Degree or
BEYOND high school MM/YY to MM/YY Field of Study Certificate Obtained

Declaration of current impairment or limitations (ARSD 20:51:29:08)

Have you ever been counseled, reprimanded, or terminated from a job because of the use of any drugs, alcohol, or other chemical substances, or do you have any physical dependency or mental condition which in any way impairs or limits your ability to perform the duties of a pharmacy technician with reasonable skill and safety?

Yes No If you responded "yes", please explain on a separate sheet.

Felony or misdemeanor crimes (ARSD 20:51:29:09)

Have you ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100)?

Yes No If you responded "yes", please explain on a separate sheet.

I agree to abide by the South Dakota pharmacy law and the rules of the Board of Pharmacy.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Pharmacy Technician Applicant Date

Signature of Pharmacist-in-Charge License Number Date