



SOUTH DAKOTA BOARD OF PHARMACY

4001 W. Valhalla Boulevard, Suite 106, Sioux Falls, SD 57106
p - 605.362.2737 f - 605.362.2738 www.pharmacy.sd.gov

TECHNICAN REGISTRATION & RENEWAL INSTRUCTIONS

All SD technician registrations expire on October 31
Renewal period is September 1 through October 31

Per ARSD 20:51:29:13 any registration not renewed before its expiration date is delinquent and the technician may not continue employment as a technician

- **Use Current Form**

- ✓ On Board website at (<http://doh.sd.gov/boards/pharmacy/assets/TechnicianApplication.pdf>)
- ✓ Complete form online and print for signatures
- ✓ Form length increased due to data collection required by SD legislation

- **Incomplete Forms Will Be Returned**

- ✓ Do not leave blanks - write NA if not applicable
- ✓ Certified techs must send a copy of their current certification with application (**every time**)
- ✓ If no cert provided, registration will be issued as **Technician-In-Training**
- ✓ Make a copy of form for your records

- **Include Payment**

- ✓ (ARSD 20:51:29:12) personal check/cashier check/money order payable to SD Board of Pharmacy
- ✓ **No cash accepted**
- ✓ If submitting one check as payment for multiple applications and a problem with just one application is identified (i.e. missing - DOB, signature, etc.) the remaining applications cannot be processed until the problem is resolved.

- **Mail To**

- ✓ SD Board of Pharmacy, 4001 W Valhalla Blvd STE 106, Sioux Falls, SD 57106
- ✓ Allow 10 business days for application processing
- ✓ Registration will be mailed to the employer via **US Postal Service only**

A technician is required to report any change of name, address, and/or employment to the Board within 10 days (ARSD 20:51:29:15). Use the ***Change of Name, Address, or Employment Form*** on the Board website. A name change cannot be processed without supporting documentation (i.e. divorce decree, marriage license)

For current SD Technician statutes and rules go to www.pharmacy.sd.gov



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TECHNICIAN REGISTRATION & RENEWAL APPLICATION
Registration is required within 30 days of accepting employment as a technician

Per ARSD 20:51:29:13 any registration not renewed before its expiration date is delinquent and the technician may not continue employment as a technician

Write N/A in all fields that do not apply

A. FEE \$25.00 – check / money order made payable to SD Board of Pharmacy; **NO CASH ACCEPTED**

B. REGISTRATION New technician Renewal / **TECHNICIAN #** _____

C. TYPE (check one)

- Technician-in-Training (Employed as a tech after 7/1/2011 and undergoing certification training requirements)
- Certified Technician (You **must** include a copy of your current certificate with the application)
If you do not, your registration will show tech-in-training
- Grandfathered Technician (Initial registration was prior to 7/1/2011 without interruption and/or discipline)

D. TECHNICIAN

Last Name First Name Middle Maiden Name

Mailing Address City State Zip

Email Cell Phone # Home Phone #

Date of Birth (mm / dd / yyyy) Social Security # (required) Sex (M / F) County

E. EDUCATION

High school graduate or equivalent (GED)? ___ Yes ___ No

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

FOR SD BOP USE ONLY

Received _____

Check # _____

Amount _____

Approved _____

Issued _____

App Revised 8/24/2017

F. VERIFICATION

New Technician, complete the following

Have you ever been registered as a pharmacy technician in **any** state? Yes No

If yes, in which state(s) _____ Previous Registration # _____

Technicians-in-training, complete the following

Are you currently enrolled in a tech-in-training program (may be formal, online, on the job training, etc.)

Yes No

If yes, provide name of program or job training _____

If formal training, list the pharmacy(s) where you will be doing your student internship(s) _____

Certified Technician, complete the following

Name of the program where technician training was obtained City State Zip

Training Completion Date Certification Exam Date Certificate Original Issue Date

G. EMPLOYMENT - Primary Employer

Employer Name License # of the Pharmacy

Employer Address City State Zip

Technician's Work Email Work Phone # Work Fax #

Technician's Job Title Average Hours Worked / Week

Employment Status (check one) Full-time Part-time Temporary/PRN

Type of Pharmacy (check one) Retail-Chain Hospital Mail Order Industry Long-Term Care

Retail-Independent Government Education Other

Secondary Employer (if applicable)

Employer Name License # of the Pharmacy

Employer Address City State Zip

Technician's Work Email Work Phone # Work Fax #

Technician's Job Title Average Hours Worked / Week

Employment Status (check one) Full-time Part-time Temporary/PRN

Type of Pharmacy (check one) Retail-Chain Hospital Mail Order Industry Long-Term Care

Retail-Independent Government Education Other

Work History

List work experience for last five years. Do not include employment which you have already listed above.

Business / Company Name	Address, City, State, Zip	Job Title	Dates Employed

H. RECORD OF DISCIPLINE, CHARGES, AND CONVICTIONS

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

Within the past 2 years, 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 provide an explanation on a separate sheet)

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

Within the past 2 years, 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 provide an explanation on a separate sheet)

I. AFFIRMATION

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 Technician Applicant	_____ Date
_____ Signature of Pharmacist-in-Charge	_____ Date
_____ Printed Name of Pharmacist-in-Charge	_____ License Number

Items to Submit

- Completed registration application, **reviewed and signed by the Pharmacist-In-Charge**
- Application cannot be processed if information is missing
- A fee of \$25.00 (check/money order payable to SD Board of Pharmacy); **CASH NOT ACCEPTED**
- Certified techs - send copy of current certificate; if not received, registration will show tech-in-training status
- Allow 10 business days from the date of application receipt for license processing

- **Mail to:** South Dakota Board of Pharmacy, 4001 W. Valhalla Blvd. Ste 106, Sioux Falls, SD 57106