



South Dakota Board of Pharmacy  
4001 W Valhalla Blvd, Suite 106  
Sioux Falls, SD 57106  
pharmacyboard@state.sd.us

## CERTIFICATION OF ELIGIBILITY FOR TECHNICIANS ENROLLED IN A PHARMACY TECHNICIAN INSTITUTION BASED EDUCATION PROGRAM

Information to note:

1. To apply for an initial South Dakota technician license or renew your current license, you must qualify for one of the following two options:
  - a. Currently employed at a licensed South Dakota pharmacy. If you are working as a technician-in-training at a licensed South Dakota pharmacy, **this form is not needed to apply**. You will need the name and license number of the pharmacist-in-charge.  
**OR**
  - b. Be enrolled in a pharmacy technician degree/diploma granting secondary institution based education program such as Southeast Technician Institute or Western Dakota Tech in South Dakota. If you are enrolled in this type of program, **you do need this form to apply**.
2. If this form is needed, please follow these instructions:
  - a. Fill out form by typing in fillable spaces provided:
    - i. Complete student name
    - ii. Curriculum training program coordinator name
    - iii. Facility name with location
    - iv. Curriculum training program coordinator's email
  - b. Curriculum training program coordinator **must sign form**.
  - c. After required signature/form is completed, **scan** completed form for upload to your online application.

### CERTIFICATION OF ELIGIBILITY FOR TECHNICIANS ENROLLED IN A PHARMACY TECHNICIAN INSTITUTION BASED EDUCATION PROGRAM

I, the undersigned, do hereby certify that this student, \_\_\_\_\_, is actively participating in  
Print Student Name  
the pharmacy technician training program under my instruction.

\_\_\_\_\_  
Curriculum Training Program Coordinator Printed Name

\_\_\_\_\_  
Program Facility Name and Location

\_\_\_\_\_  
Curriculum Training Program Coordinator Email

\_\_\_\_\_  
Curriculum Training Program Coordinator Signature

\_\_\_\_\_  
Date