



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