

OPTIONAL DEMOGRAPHIC INFORMATION

Race/Ethnic Group (check one):

- Caucasian
- Hispanic
- Asian
- American Indian or Alaskan Native
- African American
- Other _____

KENTUCKY BOARD OF PHARMACY
STATE OFFICE BUILDING ANNEX, STE 300
125 HOLMES STREET
FRANKFORT, KY 40601
PHONE 502-564-7910 FAX 502-696-3806
WEBSITE http:www.pharmacy.ky.gov

PHARMACY TECHNICIAN REGISTRATION APPLICATION

Allow 3 to 5 business days for processing. After processing, your registration certificate will be available to print from our website.

THE BOARD OF PHARMACY WILL NO LONGER MAIL REGISTRATION CERTIFICATES TO APPLICANTS.

Please print legibly. Enclose check or money order made payable to 'Kentucky State Treasurer' for the amount of \$25.00. Return the completed application to the Kentucky Board of Pharmacy. Upon receipt in the Board office, your application will be processed. Please allow 3 to 5 business days for this process. Your registration certificate will be available to print from the website at that time.

KRS 315.136 requires a pharmacy technician to possess a current pocket registration card at all times when assisting in the practice of pharmacy.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

Pursuant to KRS 315.121 [1]1k, the address listed on your pharmacy technician registration certificate must be your home address. Failure to provide this address or inform the Board of a change of this address within 14 days may result in disciplinary action taken against your registration.

Name _____ Gender (check one): Male Female

Street _____ Birthdate _____

City _____ Home Phone _____

County _____ State _____ Zip _____ E-mail Address _____

Social Security Number _____ Driver's License/State ID Number _____
[Please include the state of issuance]

Primary Place of Employment: [Please provide secondary places of employment on additional sheet and attach.]

Pharmacy/Business Name _____

Kentucky Pharmacy Permit Number _____ Phone No. _____

YOUR APPLICATION FOR REGISTRATION WILL BE RETURNED UNLESS ALL QUESTIONS ARE ANSWERED, ANY REQUIRED EXPLANATION IS PROVIDED AND THE APPLICATION IS DATED AND SIGNED.

A positive response to questions A through D require a detailed explanation and submission of court and sentencing documents, police reports and other related documents.

- A. Have you ever been convicted of a felony? _____YES - You must complete the attached page of explanation. _____NO
- B. Have you ever been convicted of violation (s) of any drug/alcohol laws? _____YES - You must complete the attached page of explanation. _____NO
- C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy? _____YES - You must complete the attached page of explanation. _____NO
- D. Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy? _____YES - You must complete the attached page of explanation. _____NO
- E. Are you currently licensed, certified or registered as a pharmacy technician in any other state? _____YES, please list _____NO
- F. Are you certified as a pharmacy technician with a national organization? _____YES, please list _____NO

I understand that in the event I am charged with any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration. I certify that I am not in default nor have I received notice of being in default of any insured Student Loan under the Federal Family Educational Loan Program [FFELP] that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A person who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing registration and/or renewal of registration is subject to disciplinary action pursuant to KRS 315.137(1)(c).

DATE

SIGNATURE