

Board of Pharmacy

P.O. Box 11927

Columbia, S.C. 29211-1927

FOR BOARD USE ONLY	
Reg# _____	Issued _____
Check# _____	Amt Pd. _____

PHARMACY TECHNICIAN REGISTRATION APPLICATION

(PLEASE TYPE OR PRINT IN BLACK INK)

All information requested on this application is mandatory.

Failure to provide any requested information will result in the application being returned as incomplete.

Personal information provided in this application may be subject to public scrutiny or release under the S.C. Freedom of Information Act or other provision of federal and state law.

Full Name _____
Last First Middle

Address _____
(Including Street & Apartment Numbers)

City County State Zip Code (+4)

Telephone Numbers: Home (_____) _____

Work (_____) _____

Date of Birth ____/____/____ Social Security Number ____-____-____

EMPLOYMENT INFORMATION

- New Graduate of Board Approved Technician Program
- Not Currently Employed
- Currently Employed (Complete Information Below)

1. Name of Pharmacy _____ Permit# _____

Pharmacist-in-Charge _____

Address _____

City State Zip Code +4

Telephone Number _____

2. Name of Pharmacy _____ Permit# _____

Pharmacist-in-Charge _____

Address _____

City State Zip Code +4

Telephone Number _____

3. Name of Pharmacy _____ Permit# _____

Pharmacist-in-Charge _____

Address _____

City _____ State _____ Zip Code _____ +4

Telephone Number _____

During the past five (5) years, have you been treated for any condition, be it physical, mental, or emotional that could impair your ability to serve as a pharmacy technician? _____ *YES _____ NO

During the past five (5) years, have you been convicted of any criminal or civil charges (other than a minor traffic ticket)? Is there any legal action pending against you or are you currently on probation for any charges or legal action? _____ *YES _____ NO

*IF ANSWER IS "YES" TO EITHER OF THE ABOVE QUESTIONS, ATTACH FULL WRITTEN EXPLANATION. INFORMATION WHICH IS OF A HIGHLY PERSONAL NATURE WILL NOT BE DISCLOSED TO OTHERS UNDER THE FREEDOM OF INFORMATION ACT.

I acknowledge that this individual works under the supervision of a licensed pharmacist and/or handles legend drugs in a pharmacy department and is thereby deemed a pharmacy technician.

Signature of Pharmacist-in-Charge

Date

I hereby certify that I have answered all questions truthfully, accurately and completely, and acknowledge that failure to do so shall constitute cause for denial of registration.

Signature of Applicant

Date

Return Completed Application and \$40.00 Fee to:

S.C. Board of Pharmacy
Technician Registration
P O Box 11927
Columbia, SC 29211-1927

For Information Only:

High School Graduate? _____ Yes _____ No
Graduate of Pharmacy Technician Program? _____ Yes _____ No
On the Job Training as a Pharmacy Technician? _____ Yes _____ No
Are you Nationally Certified as a Pharmacy Technician? _____ Yes _____ No
How many years of experience do you have as a pharmacy technician? _____

Received GED? _____ Yes _____ No