



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 7 Eagle Square, Concord, NH 03301-4980
 Phone: 603-271-2152

Licensed Advanced Pharmacy Technician Initial Application

1. GENERAL INFORMATION				
Applicant's Name		First	Middle	Last
Any Other Name You Have Ever Been Known By:				
Residence Address:				
Mailing Address:				
City	State	Zip Code	Home/cell Phone ()	Date of Birth: (MM/DD/YY):
Social Security #: The Board is required to obtain your social security number for the purpose of child support enforcement compliance with RSA 161-B:11.				Personal E-mail Address:
2. CURRENT PHARMACY EMPLOYMENT				
Name of Pharmacy Where You Are Currently Employed:			Date Of Hire as a Pharmacy Technician (MM/DD/YY) / /	
Complete Mailing Address Of Pharmacy				
Phone Number:		Email Address of Employer:		
<ul style="list-style-type: none"> • Have you ever been convicted of a felony or admitted to sufficient facts to warrant such a finding? Yes___ No___ If yes, submit an explanation of the circumstances surrounding such a finding or conviction. • Have you ever voluntarily surrendered, for disciplinary reasons a license, registration, or certification to practice as a pharmacist or pharmacy technician in any jurisdiction? Yes___ No___ If yes, submit an explanation of such surrender? 				
I attest this applicant has met the requirement for 2000 hours worked as a Certified Pharmacy Technician set forth in Ph 1803.01 (b)(1).				
NH Licensed Pharmacist signature: _____			Date: _____	
Applicants Signature: _____			Date: _____	