Pharmacy Personnel Information **Pharmacy Name _____ NH Lic. #_____**

Pharmacists			
Full Name	**Licensed As**	**License #**	**Registered with NH Prescription Drug Monitoring Program?**
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No
	☐ Regular Pharmacy Staff ☐ Floater		☐ Yes ☐ No

Pharmacy Interns			
Full Name	**License #**	**Name of Pharmacy School**	**Anticipated Graduation (Month/Year)**

** Attach additional copies of this page if necessary to include all pharmacist & pharmacy intern staff.*

Certified Pharmacy Technicians (CPhT's)				
Full Name	**Registration #**		**Full Name**	**Registration #**

Registered Pharmacy Technicians						
Full Name	**License #**	**Data Entry Training Completed (Month/Year)**		**Full Name**	**License #**	**Data Entry Training Completed (Month/Year)**

** Attach additional copies of this page if necessary to include all pharmacy technician staff.*