

**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**

**CHARITABLE PHARMACY TECHNICIAN  
REGISTRATION APPLICATION**

This application is to be used only for those technicians working at a charitable pharmacy only. If you are registered as a pharmacy technician, there is no need to complete this application. Your current registration will suffice. If you have previously been registered as a pharmacy technician, please provide your registration number \_\_\_\_\_.

Please print legibly. Return the completed application to the Kentucky Board of Pharmacy. Upon receipt in the Board office, your application will be processed. Your registration certificate will be mailed to you within 3 to 5 business days from receipt. 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