

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

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

**PHARMACY TECHNICIAN REGISTRATION APPLICATION**

**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.

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

Name \_\_\_\_\_ Gender (check one):  Male  Female  
Street \_\_\_\_\_ Birthdate \_\_\_\_\_  
City \_\_\_\_\_ Home Phone \_\_\_\_\_  
County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_

**Primary Place of Employment:** (Use a separate piece of paper if you are employed at multiple pharmacies.)

Pharmacy Name \_\_\_\_\_ Pharmacy Permit No. \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*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, \*attach an explanation/documents \_\_\_\_\_ NO
- B. Have you ever been convicted of violation (s) of any drug/alcohol laws? \_\_\_\_\_ YES, \*attach an explanation/documents \_\_\_\_\_ NO
- C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy? \_\_\_\_\_ YES, \*attach an explanation/documents \_\_\_\_\_ 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, \*attach an explanation/documents \_\_\_\_\_ 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