

**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>**

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 _____.

**CHARITABLE PHARMACY TECHNICIAN
REGISTRATION APPLICATION**

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 315.138 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