

STATE OF MAINE

BOARD OF PHARMACY

APPLICATION
FOR
PHARMACY TECHNICIAN REGISTRATION



**Department of Professional and Financial
Regulation**

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8689 or (207) 624-8620
TTY/HEARING IMPAIRED (207) 624-8563
FAX: (207) 624-8637

Office located at: 122 Northern Avenue, Gardiner, Maine
Email: susan.a.greenlaw@state.me.us

**APPLICATION INSTRUCTION
PHARMACY TECHNICIAN**

THE FOLLOWING IS INCLUDED IN THIS PACKET

- Application for registration
- Payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Treasurer, State of Maine
- Credit card authorization form, if paying by credit card, please submit the enclosed authorization form with your application.

THE FOLLOWING IS THE APPLICATION PROCEDURE:

- Complete the application for registration and submit to the Maine Board along with the required fee. The fee for registration \$10 (payment may be made in the form of a check or money order payable to Treasurer, State of Maine, VISA or MasterCard – see credit card authorization form).



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
 MAINE BOARD OF PHARMACY
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035

Direct Tel: (207) 624-8689 Receptionist: (207) 624-8603
 FAX: (207) 624-8637 - TTY/Hearing Impaired: (207) 624-8563

ANGUS S. KING,
 JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

Internet Address: susan.a.greenlaw@state.me.us

**PHARMACY TECHNICIAN
APPLICATION FOR REGISTRATION**

APPLICANT: Complete the following in ink (type or print). The fee for registration is \$10.00 (payment may be made in the form of cash, check or money order payable to Treasurer State of Maine, VISA, or MasterCard). Applications will not be considered for approval until complete. Incomplete applications will be returned.

Date: _____

Name of applicant: _____

Mailing address: _____

Street or P.O. Box

County

City/Town

State

Zip Code

Home Tel: _____ Business Tel: _____

Date of Birth: _____ SS#: _____

Has your registration for pharmacy technician been denied, suspended, revoked, or restricted for disciplinary purposes in any state or jurisdiction? ___Yes ___No If yes, please explain.

Have you ever been convicted of a crime other than a minor traffic violation? ___Yes ___No If yes, please explain and submit a copy of the court judgment(s).

NOTE: Registered technicians shall inform the Board, in writing, within seven (7) days of any change in name and/or address.

Application forms and/or supporting documents that have been altered, defaced, or compromised will not be accepted.

EMPLOYMENT (please list all pharmacy locations where you are currently employed):

NOTE: Board Rules, Chapter 17, Section 2(D) states, “If the pharmacy technician is working at more than one location for the *same* employer, only one (1) registration is required.” Therefore, if you are working for more than one employer, a separate application for registration and fee is required.

1. Name of pharmacy: _____ License # _____
Address: _____
Pharmacist in charge: _____ License # _____
Date of employment: _____
2. Name of pharmacy: _____ License # _____
Address: _____
Pharmacist in charge: _____ License # _____
Date of employment: _____
3. Name of pharmacy: _____ License # _____
Address: _____
Pharmacist in charge: _____ License # _____
Date of employment: _____
4. Name of pharmacy: _____ License # _____
Address: _____
Pharmacist in charge: _____ License # _____
Date of employment: _____

I have read and completed this application and attest that all information is true to the best of my knowledge.

Signature of applicant: _____

Date: _____



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ANGUS S. KING, JR.
GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

(Clerk Name and Phone Number)

**Susan Greenlaw
(207) 624-8689**

PHONE: (207)624-8689
(Office Phone)



FAX: (207)624-8637

(207)624-8563 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER,
MAINE



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ANNE L. HEAD
DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$8.00
Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____	
Last	First
Middle _____	
Address: _____	
Social Security/Federal I.D. #: _____	Date of Birth: _____
Any other names used: _____	

Please return the criminal history record information or a notice of no record to the following:

**REQUESTING AGENCY INFORMATION
(Office Use Only)**

Date: _____	Contact Person: SUSAN GREENLAW
Agency Name & Address:	Office of Licensing and Registration Board of Pharmacy 35 State House Station Augusta, Maine 04333-0035



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: () -
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa MasterCard _____ **Card number**

Expiration date: ___/___/___ in the amount of: \$ _____

Signature: _____ Date: ___/___/___

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