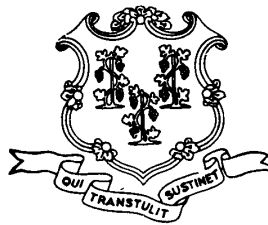


STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 To apply online visit: www.ct.gov/dcp/apply



For Official Use Only

Pharmacy Technician Registration New Application

This application is to be completed by the individual requesting a new registration and must be accompanied by a check or money order in the amount of **\$100.00** made payable to "Treasurer, State of Connecticut." Application fees are non-refundable. All registrations expire annually on March 31st. Return your application and fee to the above address.

Applicant Information

Please check (✓) preferred address for mailing: <input type="checkbox"/> Residence <input type="checkbox"/> Pharmacy			
First Name	Middle Initial	Last Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residence Street Address	City	State	Zip Code
Telephone Number	Email Address to be used for all correspondence	Social Security Number	Date of Birth
Has the applicant ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a statement indicating the type(s) of crime(s) for which you were convicted, the date(s) and court(s) where the conviction(s) occurred and a description of the circumstances.			
Have you previously been employed as a Pharmacy Technician continuously for the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your CT Pharmacy Technician Registration Number.			

Pharmacy Information

Name of Licensed Pharmacy/Institution where Employed	CT Pharmacy License Number		
Pharmacy Street Address	City	State	Zip Code
Name of Licensed Pharmacist	CT Pharmacist License Number		

Certification to be completed by Pharmacist Manager of Licensed or Institutional Pharmacy

This is to certify that _____ has been hired as a pharmacy technician and has commenced, is in the process of, or has completed pharmacy technician training in accordance with Connecticut General Statutes Section 20-598a.

 Signature of Pharmacist Manager/Director

 Date

Applicant Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

 Signature of Applicant

 Date