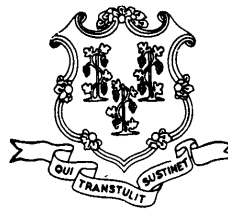


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 450 Columbus Blvd, Ste 801
 Hartford, CT 06103
 Email: dcp.licenseservices@ct.gov
 Website: www.ct.gov/dcp



For Official Use Only

Pharmacy Technician Registration Reinstatement Form

- A registration may be reinstated provided a completed reinstatement form and the applicable fee are submitted not later than three (3) years after the expiration date or you must reapply.
- The registration number you wish to reinstate must be entered on this form.
- A **reinstatement fee of \$60.00 for each one-year period of expiration** must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- All registrations expire annually on March 31st. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.
- Mail this completed form with the applicable fee to the above address.

Pharmacy Technician Registration Number to be Reinstated	Expiration Date of Registration

Applicant Information

Please check (✓) preferred address for mailing: <input type="checkbox"/> Residence <input type="checkbox"/> Pharmacy				
First Name		Middle Initial	Last Name	
Residence Street Address			City	State Zip Code
Telephone Number	Email Address to be used for all correspondence			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				

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

 Date