

**WYOMING STATE BOARD OF PHARMACY**  
1712 Carey Avenue, Suite 200, Cheyenne, WY 82002  
(307) 634-9636, Fax (307) 634-6335, e-mail [BOP@wyo.gov](mailto:BOP@wyo.gov)

**PHARMACY TECHNICIAN LICENSE RENEWAL**  
for the period of January 1, 2011 to December 31, 2011

If postmarked on or before December 31, 2010-- Renewal Fee is **\$50.00**  
**IF POSTMARKED AFTER DECEMBER 31, 2010**—Renewal Fee is **\$ 85.00**  
(\$50.00 renewal fee, \$35.00 late payment fee)

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Please provide current employer or **check box** if not currently working as a pharmacy technician.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

You must report any change in address or place of employment to the Board's office within thirty (30) days.  
(Chapter 10, section 9, Wyoming Pharmacy Act Rules and Regulations)

**CONTINUING EDUCATION (CE)**

If practicing in Wyoming you must complete 6 contact hours of continuing education dated 2010. Continuing education will be accepted which has been certified by:

- Pharmacy Technician Certification Board (P.T.C.B.)
- American Pharmaceutical Association (A.Ph.A.)
- American Council on Pharmaceutical Education (A.C.P.E.)
- Wyoming Pharmacist Association (W.Ph.A.)
- Continuing education provided by pharmacist supervisor at place of employment, utilizing board of pharmacy form

I have completed \_\_\_\_\_ hours of continuing education during 2010. I understand I will be required to submit proof of these hours if I am selected for audit. **(Please do not include copies of CE with this renewal)**

**You must answer all of the following questions.**  
**Failure to do so will delay renewal of your license.**

1. Are you licensed or registered in any other state(s) as a pharmacy technician?  YES  NO

If so, please list the state(s) of licensure and license number(s).  
State(s) and license number(s): \_\_\_\_\_

**CONTINUED ON NEXT PAGE**

2. Since the **date of signing my last renewal application for the license year 2010** or the **date of signing my application for initial licensure in 2010** as a pharmacy technician in Wyoming:
- a. I have \_\_\_\_\_ I have not \_\_\_\_\_ had my license/registration as a pharmacy technician suspended, revoked, surrendered or otherwise subjected to discipline for violation of pharmacy or drug laws in any state.
  - b. I have \_\_\_\_\_ I have not \_\_\_\_\_ been charged, arrested, or convicted of a felony or misdemeanor, other than a minor traffic violation in any state.
  - c. I have \_\_\_\_\_ I have not \_\_\_\_\_ been addicted to the use of drugs or alcohol with the result that my ability to practice as a pharmacy technician has been impaired. If you have a current monitoring contract with W.P.A.P. you may answer "I have not".

**Attach a detailed explanation for each question answered "I have", including a personal statement, copies of charging documents, court orders, board orders, or copies of any other pertinent documents.**

I hereby attest to the fact that the information on this form, as well as the information on any attachment(s) to this form, is true and correct and I hereby request renewal of my Wyoming pharmacy technician license for the year 2011.

\_\_\_\_\_  
Signature Dated

**Remember to include the correct fee with the application.**

**To avoid a late payment fee, your renewal application and fee, must be postmarked on or before December 31, 2010.**

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*-Board use only-*

Date received: \_\_\_\_\_, Payment: \_\_\_\_\_, Check number: \_\_\_\_\_, Renewal cert. mailed: \_\_\_\_\_