

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

PHARMACY TECHNICIAN LICENSE RENEWAL
for the period of January 1, 2013 to December 31, 2013

If postmarked on or before December 31, 2012-- Renewal Fee is **\$50.00**
IF POSTMARKED AFTER DECEMBER 31, 2012—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 2012. 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 2012. 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 2011** or the **date of signing my application for initial licensure in 2012** 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 2013.

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, 2012.

-Board use only-

Date received: _____, Payment: _____, Check number: _____, Renewal cert. mailed: _____