

Wyoming State Board of Pharmacy  
1712 Carey Avenue, Suite 200  
Cheyenne, WY 82002  
307-634-9636 (telephone)  
307-634-6335 (facsimile)

**PHARMACY TECHNICIAN-IN-TRAINING  
PHARMACY SPONSOR TRANSFER FORM**

Technician-in-Training name: \_\_\_\_\_  
Technician-in-Training Permit number: \_\_\_\_\_  
Technician-in-Training Permit expiration date: \_\_\_\_\_  
Name and address of former sponsoring pharmacy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This section to be completed by the Pharmacist-in-Charge of the new sponsoring pharmacy.*

The Pharmacy Technician-In-Training Permit noted above will be transferred to the following pharmacy. The Permit will only be valid at this pharmacy, as of the effective date.

Name and address of new sponsoring pharmacy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pharmacy's Wyoming license number: \_\_\_\_\_  
Effective date of Technician-in-Training transfer: \_\_\_\_\_  
Printed name of Pharmacist-in-Charge (PIC): \_\_\_\_\_  
PIC's Wyoming license number: \_\_\_\_\_

I understand that I must comply with all relevant Federal and State Laws, as well as the Rules and Regulations of the Wyoming State Board of Pharmacy. I further understand that I will be responsible for this Pharmacy Technician-in-Training's training and duties, and that this Pharmacy Technician-in-Training will be included in the technician/pharmacist ratio of this pharmacy.

\_\_\_\_\_  
Date Signature of Pharmacist-in-Charge

\_\_\_\_\_  
Date Signature of Technician-in-Training

Technician-in-Training home (mailing) address: \_\_\_\_\_  
\_\_\_\_\_

Please return completed form to the Wyoming State Board of Pharmacy office.  
An amended Technician-in-Training Permit will be issued to the Technician-in-Training  
reflecting the change in pharmacy sponsor.