

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.