

## PHARMACEUTICAL TECHNICIAN APPLICATION

**Registration Fee: \$40.00 - (non-refundable money order or cashier's check only, no cash)**

Complete Name (no abbreviations):

First: Trina Middle: Dela Last: Trinidad

Home Address: 50 N. Hona Lulu Apt #: 142

City: Las Vegas State: NV Zip Code: 89110

Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Paramount CA Sex:  M or  F

E-mail Address: \_\_\_\_\_

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

- Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- Copy of a certificate from an ASHP approved pharmacy technician school.
- Copy of certificate of completion of pharmaceutical technician program approved by the board.

1. Are you 18 years of age or older?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2. Are you a high school graduate or the equivalent?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)</b>	

	Yes	No
<b>Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in any state? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of an administrative action whether completed or pending in any state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

\*If you marked YES to any of the numbered questions (3-5) above, include the following information & provide documentation:

Board Administrative Action:	State		Case #:
	Nevada		
Criminal Action:	State		Court
	/ /		

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

Are you the subject of a court order for the support of a child?.....	Yes	No
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Trina Trinidad \_\_\_\_\_ 10-18-11 \_\_\_\_\_  
Original Signature, no copies or stamps accepted Date

<b>Board Use Only</b>		
Received: _____	Amount: _____	Entity # _____



BOARD OF PHARMACY  
 1625 NORTH MARKET BLVD., SUITE N-219  
 SACRAMENTO, CA 95834  
 (916) 574-7900

# Pharmacy Technician

REGISTRATION NUMBER TCH 101584  
 RECEIPT NO. 00079086

VALID UNTIL JUNE 30, 2013

TRINA DELA TRINIDAD  
 93 E RENO AVE #29  
 LAS VEGAS NV 89119

In accordance with the provisions of section 4115 of the Business and Professions Code, the individual named herein is registered as a Pharmacy Technician, and is subject to the rules and regulations of the California State Board of Pharmacy.  
 Please notify the Board of Pharmacy of any name or address change in writing. Please include your registration number with any correspondence to this office.

SIGNATURE OF REGISTRANT

*Trina Trinidad*

07/07/11  
 07/07/11

The official status of this license can be verified at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

# UEI COLLEGE

*The UEI College Board of Directors by virtue of the authority  
vested in it by law and on recommendation of the Faculty awards*

*Trina Trinidad*

*The Diploma In*

*Pharmacy Technician*

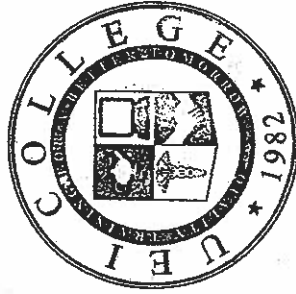
*With all rights, privileges and honors pertaining thereto.*

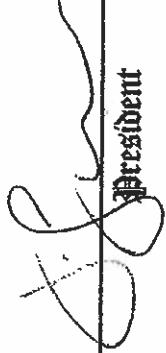
*Given at San Bernardino, San Bernardino County, In the State of California*

*this Twenty-Eighth Day of May, Two Thousand and Ten*



Director of Education





President

Blank