

**NEVADA STATE BOARD OF PHARMACY**  
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521  
(775) 850-1440–Phone / (775) 850-1444-Fax

**MANAGING PHARMACIST CERTIFICATION  
OF PHARMACEUTICAL TECHNICIAN IN TRAINING  
(NO FEE REQUIRED)**

Name of Tech in Training: \_\_\_\_\_ License # PT \_\_\_\_\_

Name of Managing Pharmacist: \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

I certify to the Board that the above named pharmaceutical technician in training has successfully completed \*\* \_\_\_\_\_ hours of training and experience and is competent to perform the tasks of a pharmaceutical technician. The specific training and experience completed is listed below.

\*\* If submitting 500 hours with PTCB certification, you must provide a copy of the PTCB certification.

Signature of Managing Pharmacist \_\_\_\_\_ Date \_\_\_\_\_

Specific training and experience (Must be completed by the managing pharmacist.)  
**DO NOT LEAVE BLANK OR FORM WILL NOT BE RETURNED.**


Current home or mailing address for pharmacy technician listed above: You can continue to use the pharmacy address, however be aware that all mailings (including renewals) will be mailed to address listed below.

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_