

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 -
(775) 850-1440 – (775) 850-1444-Fax

**MANAGING PHARMACIST CERTIFICATION
OF PHARMACEUTICAL TECHNICIAN IN TRAINING**

Name of Tech in Training: _____ License # PT _____

Name of Managing Pharmacist: _____ License #: _____

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 ACCEPTED. DO NOT SEND COPIES OF LOGS.

Current mailing address for pharmacy technician listed above:

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Email: _____