

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.)**

Home or mailing address for pharmacy technician listed above. All correspondence (including renewals) will be mailed to address listed below.

Personal Address: _____

City: _____ State: _____ Zip: _____

Personal Telephone: _____ Personal Email: _____