

Board of Pharmacy
301 South Park
P.O. Box 200513
Helena, MT 59620-0513
(406) 444-6880
dlibsdhhelp@mt.gov

RENEWAL APPLICATION

License No: _____

Check For New Address.
Indicate any changes below.

E-Mail: _____

Name

Address

City

State

Zip Code

Country

Telephone #

Your **Montana Certified Pharmacy Technician** license will expire on June 30.

Please check the following license you wish to renew:

Certified Pharmacy Technician - Fee of \$30.00 (if postmarked after June 30, \$60.00)

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol> OR:

- 1) Complete the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Review the Pharmacy Technician Certification statement below.
- 4) Submit a check or money order payable to the Board of Pharmacy. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) Renewals with a U.S. Postal Service postmark after June 30 will be assessed a penalty per the above schedule. NO EXCEPTIONS!
- 6) Sign the completed renewal application.
- 7) Return the completed renewal application and fee to the Board office postmarked by June 30.
- 8) A renewal returned to a licensee for any reason must be re-postmarked by June 30 to avoid paying the late fee.

PHARMACY TECHNICIAN CERTIFICATION STATEMENT:

Submitting this application verifies that you have current Pharmacy Technician certification. You may be subject to an audit after the renewal cycle is complete.

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.174.2102, and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

YES If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

NO

Your Signature: _____ **Date:** _____

DO NOT SEND CASH