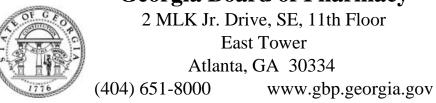
Georgia Board of Pharmacy



PHARMACY TECHNICIAN REGISTRATION Additional Employment Form

Please print out and fax the following, along with your receipt, to (470) 386-6137 or email pharmacyboard@dch.ga.gov

APPLICANT NAME: (Print Clearly)	APPLICANT TRACKING CODE (Found on receipt page)
If you are employed as a pharmacy technician at more than one pharmacy, please submit this page. You should have already listed one employer on page 3 of the application; do not list the same employer on this page.	
Name of Applicant:	
Name and license number of additional pharmacy where you are employed:	
Name and license number of additional pharmacy	where you are employed: