



Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor

Atlanta, GA 30303

(404) 651-8000

www.gbp.georgia.gov

Pharmacy Technician Disassociation Form

Pharmacy Name _____

Pharmacy License Number _____

Technicians needed to be removed:

Effective Disassociation Date:

(List the technician license number and name here)

(MM-DD-YYYY)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Pharmacist In Charge Name _____

Pharmacist In Charge License # _____

Pharmacist In Charge Signature _____

(470) 386-6137 FAX* pharmacyboard@dch.ga.gov* www.gbp.georgia.gov