



Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303

(404) 651-8000

www.gbp.georgia.gov

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:
