



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

GEORGIA BOARD OF PHARMACY

**A Division of the Georgia Department of Community Health
2 Peachtree Street, N.W.
6th Floor
Atlanta, Georgia 30303**

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 _____