



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

**GEORGIA BOARD OF PHARMACY**

**A Division of the Georgia Department of Community Health  
2 Peachtree Street, N.W.  
6<sup>th</sup> 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)**

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8. \_\_\_\_\_

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**Pharmacist In Charge Name** \_\_\_\_\_

**Pharmacist In Charge License #** \_\_\_\_\_

**Pharmacist In Charge Signature** \_\_\_\_\_