



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

GEORGIA BOARD OF PHARMACY

**Please print out and fax the following, along with your receipt, to (678) 717-6694
or email pharmacyboard@dch.ga.gov**

PHARMACY TECHNICIAN REGISTRATION

APPLICANT NAME:
(Print Clearly)

APPLICANT TRACKING CODE
(Found on receipt page)

Additional Employment Form

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:
