



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

**Notification Form for Pharmacy Technicians
for Formal Programs**

Name of Formal Training Program: _____

Address of Training Program: _____

City: _____ State: _____ Zip: _____

Training Start Date: ___/___/___ Anticipated Date of Completion: ___/___/___

Instructor's Name: _____ Instructor's Phone: (____) ____ - ____

Instructor E-mail: _____

Additional Program Contact: _____ Phone: (____) ____ - ____

Name of Person Arranging Clinical Sites: _____ Phone: (____) ____ - ____

Student Last Name: _____ Student Maiden Name: _____

Student First Name: _____ Student Middle Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - ____ Email: _____

Gender: Male Female Date of Birth: ___/___/___

Social Security Number: ____ - ____ - ____

I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.

Signature of Applicant: _____ Date: ___/___/___

Comments: _____

Send Form to: **Utah Board of Pharmacy
PO Box 146741
Salt Lake City Utah 84114-674**

Please make copies of this form for future use. This form must be submitted PRIOR to beginning training of pharmacy technicians. Approval must be given by the Division before beginning a program. Training done in a non-approved program will not be given credit, and training will have to be repeated in an approved program.

DOPL FM 037 Rev 2009-11-03