



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 Technician-in-Training  
 for On-the-Job Pharmacies**

<b>Part 1: Complete this portion for the Pharmacy Technician-in-Training:</b> <i>Please list your full legal name as it appears on your driver's license, Social Security Card, etc.</i>			
Training Start Date:		Anticipated Date of Completion:	
Last Name:	First Name:	Middle Name:	
Social Security Number:    -    -	Maiden Name:		
I certify under penalty of perjury that:			
<input type="checkbox"/> I am a citizen of the United States. <input type="checkbox"/> I am a qualified alien as defined in 8 U.S.C., Sec 1641 who is lawfully present in the United States. I understand that I am required to visit DOPL's offices and present a government issued ID bearing my photo and evidence of one, or both of the following: Alien ID Number                      I-94 Number			
<input type="checkbox"/> I have a valid Driver License or State Issued ID State:      Number: <input type="checkbox"/> I do not have a Driver License. I am legally present in the United States, and I understand that the Department of Commerce will verify my legal presence in order to process my application.			
Mailing Address:		City:	State:      ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:	E-Mail:

<b>Part 2: Complete this portion for the Pharmacy that will be providing the training:</b>			
Name of Pharmacy:			
Mailing Address:		City:	State:      ZIP:
Pharmacy's Utah License Number:	Phone #:	E-Mail:	
Teaching Pharmacist(s):			
Name:		License Number:	
Name:		License Number:	
Approved Program:			
This form must be submitted PRIOR to beginning the training of the pharmacy technician. Training done in a non-approved program will not be given credit, and training will have to be repeated in an approved program. It is the responsibility of the pharmacist or program director to ensure that the pharmacy technician in training is aware of the policies and procedures of the training program. By signing this form, you attest that you have discussed the training program and have a full understanding of what is expected.			

**I understand that I must complete the training program and successfully pass the required examinations within one year from the date of the first day of the training program.**

Technician-in-training acknowledgement: \_\_\_\_\_ (signature)      Date: \_\_\_\_\_  
 Pharmacists acknowledgement: : \_\_\_\_\_ (signature)      Date: \_\_\_\_\_

Send To:      **Utah Board of Pharmacy**  
 PO Box 146741  
 Salt Lake City, Utah 84114-6741

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www.dopl.utah.gov • Heber M. Wells Building • 160 East 300 South • P.O. Box 146741 • Salt Lake City, UT 84114-6741  
 telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511 • investigations fax (801) 530-6301

