

Request to Extend: Pharmacy Technician Trainee License

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

**Driver License
or State ID Card**

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

CHECKLIST

You must include the following items with this request:

1. Written plan explaining why you are requesting the extension and your plan to complete the outstanding license requirements, including the length of the extension you are requesting.
2. Completed Extension Request Worksheet (see attached)

Submit the above items with your completed application to b3@utah.gov or to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

Pharmacy Technician Trainee Extension Request Worksheet

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

I am requesting and extension in order to complete (check all that apply): Hours Exam Other: _____

EXPERIENCE

Have you completed the 180 hours of practical training experience?

Yes – Date Completed: _____

No – Overall Amount Completed: _____

EXAM HISTORY

Have you taken and passed the required exam?

Yes – Date Completed: _____

No – please check all that apply, and provide the appropriate information for each question:

I have attempted on the following dates: _____

I am scheduled to take the exam on (date): _____

WRITTEN PLAN

Please provide your written plan for completing your education, training hours and/or passing the National Exam to meet Pharmacy Technician licensing requirements. Attach additional sheets if needed.

I understand that I may only work as a pharmacy technician in training while properly licensed. If my license expires prior to the completion of my training and an extension has not been granted, I must cease to practice until properly licensed.

Pharmacy Technician Signature: _____ Date: _____

License Number: _____ Issue Date: _____ Expiration Date: _____

To be completed by the individuals assisting in training:

I will be assisting the applicant named above in the completion of their Pharmacy Technician Trainee licensure requirements. I have read and understand the plan outlined above.

Pharmacist Name: _____ License Number: _____

Pharmacist Signature: _____ Date: _____

I will be assisting the applicant named above in the completion of their Pharmacy Technician Trainee licensure requirements. I have read and understand plan outlined above.

Pharmacy Technician Name: _____ License Number: _____

Pharmacy Technician Signature: _____ Date: _____