OFFICE OF PROFESSIONAL REGULATION
VERMONT SECRETARY OF STATE
89 Main Street, 3rd Floor, Montpelier, VT 05620
802-828-1505 | sos.vermont.gov/opr

Verification of Completed Pharmacy Technician Training Program

You may contact the Licensing Administrator with any questions or for additional information at SOS.OPRLicensing2@Vermont.gov.

Rule 4-3 of the Administrative Rules of the Vermont Board of Pharmacy:

Pharmacy Technician Eligibility. To register or renew registration as a pharmacy technician, an applicant must:

(a) be at least 16 years old; and

(b) be certified by a Board-approved national certifying authority or complete a Board-approved training program provided by:

(1) a college or vocational or technical institution, or

(2) a branch of the United States Armed Forces or the Commissioned Corps of the Public Health Service; or

(3) the applicant's employer.

Applicant Information

Pharmacy Technician First Name	Middle Initial	Last Name

Verifying Agent First Name	Middle Initial	Last Name

Name of Pharmacy where Pharmacy Technician works	
Verifying Agents contact number	

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Verifying Agents email address	
Pharmacy's Street Address	
City, State, Zip Code	
Verifying Agents title (PIC, Owner, Officer, etc.)	

Statement of Pharmacy Technician and Verifying Agent

Attestation by the Pharmacy Technician and a Verifying Agent that the Pharmacy Technician has provided satisfactory evidence of having completed a Pharmacy Technician Training Program.

The Verifying Agent may be:

- **Your Current Pharmacy Manager; or**
- **Your Trainer; or**
- **Owner or Corporate Officer of the Pharmacy where you are/will be working**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a $10,000 fine. (13 V.S.A. §2901)

Signature of Pharmacy Technician		**Date**	
Print Name of Verifying Agent		**Title**	
Verifying Agent Signature		**Date**	