FILLABLE FORM
***MUST** TYPE*

VI Board of Pharmacy

Pharmacy Technician License Initial / Renewal 2024-2025

First: _____ M.I. _____ Last: _____ License# _____

Please indicate your Pharmacy Technician license renewal category.

1. PHARMACY TECHNICIAN TRAINEE (PTT) ____
2. REGISTERED PHARMACY TECHNICIAN (RPT) ____
3. CERTIFIED PHARMACY TECHNICIAN (CPT) ____ ***Attach PTCB / NHA Copy***
4. CERTIFIED PHARMACY TECHNICIAN W/ IMMUNIZATION (CPTI)____ ***Attach PTCB / NHA & BLS Copy***

Are you newly certified? _____YES_____NO

Cell phone# _____ Email Address: _____

Mailing Address: _____City: _____ State: ____ Zip:_____

Currently Practicing in the VI? _____Yes _____No

EMPLOYMENT

PHARMACY	PIC	BUS TEL#

Please email your completed Pharmacy Technician license form to: BoardofPharmacy@doh.vi.gov;
Credit Card Payments can be made at: https://doh.vi.gov/payments/ Initial/Renewal fees are as follows:

PTT- $0 RPT- $50.00 CPT- $75.00 CPTI- $100.00

Signature _____ Date _____