



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
 7 Eagle Square, Concord, NH 03301-4980
 Phone: 603-271-2152

Licensed Advanced Pharmacy Technician Renewal Application

1. GENERAL INFORMATION				
Applicant's Name		First	Middle	Last
Mailing Address, if PO Box include Residence Address as well				
City	State	Zip Code	Home/cell Phone ()	Personal Email Address:
2. CURRENT PHARMACY EMPLOYMENT				
Name of Pharmacy Where You Practice as a LAPT			Date Of Hire as LAPT (MM/DD/YY) / /	
Complete Address Of Pharmacy				
Phone number		Email Address		
Name of Pharmacist In Charge				
<ul style="list-style-type: none"> Since your last renewal have you been convicted of a felony or admitted to sufficient facts to warrant such a finding Yes _____ No _____ If yes, submit an explanation of the circumstances surrounding such a finding or conviction. Since your last renewal, have you voluntarily surrendered, for disciplinary reasons, a license, registration, or certification to practice as a pharmacist or pharmacy technician in any jurisdiction? Yes _____ No _____ If yes, submit an explanation of such surrender? I have completed 3.0 APCET, AMA category 1 & 2 or Board approved ceu's during immediately preceding 24 months Yes _____ No _____ 				
I attest this applicant has met the requirement for 2000 hours worked as a Certified Pharmacy Technician set forth in Ph 1803.01 (b)(2)(c).				
NH Licensed Pharmacist signature: _____			Date: _____	
Applicants Signature: _____			Date: _____	