

INSTRUCTIONS AND REQUIREMENTS FOR PHARMACY TECHNICIAN INTERIM REGISTRATION FOR MILITARY SPOUSE

Note: The Military Spouse may hold an interim pharmacy technician registration only for the period during which the military service member to whom the military spouse is married is stationed at a military installation in this state, but not to exceed three years from the date of issuance of the interim registration. The Pharmacy Technician Interim Registration for Military Spouse is not renewable.

ELIGIBILITY REQUIREMENTS

See [Sec. 55.0041](#) for Recognition of Out-of-State Registration of Military Spouse.

GENERAL INSTRUCTIONS

The application must be mailed with original signature and notary, as well as supplemental documents. After the Board receives your application you will be notified in writing of any deficiencies.

PHARMACY RULES & LAWS

Information regarding Texas Pharmacy Rules & Laws can be obtained from the Texas State Board of Pharmacy web site or by purchasing a law book from LexisNexis.

TEXAS PHARMACY LAW BOOK -- NOT PROVIDED BY TSBP

[LexisNexis](#) or contact LexisNexis (800) 533-1637 to purchase the *Texas Pharmacy Rules and Regulations* text book

TEXAS PHARMACY RULES & LAWS

[Pharmacy Rules & Laws Online](#)

INSTRUCTIONS

Mail the following items to the Texas State Board of Pharmacy:

1. Completed Texas application;
2. Submit a copy of the Permanent Change of Station (PCS) orders;
3. A copy of your military identification card;
4. A copy of your marriage license;
5. Verification from the jurisdiction in which the military spouse holds an active technician registration that the military spouse's registration is in good standing



TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-500 ★ Austin, Texas 78701-3942

512-305-8000 ★ www.pharmacy.texas.gov

APPLICATION FOR PHARMACY TECHNICIAN INTERIM REGISTRATION FOR MILITARY SPOUSE Temporary 3-year Non-Renewable Registration

Print or Type:

FIRST NAME		MIDDLE		LAST		
OTHER NAMES USED				DRIVER'S LICENSE NO. & STATE		
HOME ADDRESS (Main/Confidential Address) - REQUIRED						
STREET ADDRESS			APT/UNIT #		CITY	STATE
(AREA CODE) HOME TELEPHONE				EMAIL ADDRESS		
PUBLIC ADDRESS (Alternate Address to be Provided to the Public) - REQUIRED						
STREET ADDRESS			STE/UNIT #		CITY	STATE
(AREA CODE) ALTERNATE TELEPHONE				EMAIL ADDRESS		
SOCIAL SECURITY NUMBER**		DATE OF BIRTH (MM/DD/YYYY)		RACE/ETHNICITY		GENDER
<p>**Note: Disclosure of Social Security Numbers (SSN) is mandatory under Tex. Fam. Code Ann. §231.302 (Vernon 1999). The SSN is provided to identify persons relative to enforcement of child support payments.</p>						
HIGH SCHOOL EDUCATION						
HIGH SCHOOL OR G.E.D. GRADUATION MONTH/YEAR		NAME OF HIGH SCHOOL			CITY	STATE
RECIPROCATING FROM THE STATE OF:		TECHNICIAN REGISTRATION NUMBER		PTCB or ExCPT NUMBER		

I authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. In consideration of licensure granted by the Texas State Board of Pharmacy, I agree to be governed and to abide by all the Pharmacy laws of Texas and rules and regulations of the Board.

NOTARIZED APPLICANT AFFIDAVIT

I, _____ hereby attest to the fact that the information on this form, as well as the information on any attachment(s) to this form, is to the best of my knowledge true and correct and that the information is given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of the Texas Pharmacy Act and subject me to the penalties set forth in the Act.

Signature of Applicant

Date

Signature of Notary

Subscribed and sworn to before me this _____ day of _____, A.D. 20 _____
Notary Public in and for _____ County, _____ State. My certificate expires _____