

PHARMACY STUDENT TECHNICIAN EXEMPTION INSTRUCTIONS

This form must be completed by first-year pharmacy school students who want to work as Pharmacy Student Technicians in Maryland. This form is required whether or not the pharmacy student technician is paid.

Complete the attached **Pharmacy Student Technician Exemption Form**.

- Submit the completed form and the school affidavit to:

Maryland Board of Pharmacy
PO Box 2013
Baltimore, MD 21203-2013

NOTE: This exemption will expire upon completion of the applicant's first year of pharmacy school and is not subject to renewal.

- If you are interested in volunteering for the Emergency Preparedness Task Force, please visit <http://dhmh.maryland.gov/pharmacy/SitePages/emergency-preparedness-information.aspx> for more information and/or email MDresponds.dhmh@maryland.gov to register.

Maryland Board of Pharmacy
 4201 Patterson Avenue
 Baltimore MD 21215-2299
 Phone: 410-764-4755
 Fax: 410-358-6207
 www.health.maryland.gov/pharmacy



PHARMACY STUDENT TECHNICIAN EXEMPTION FORM

THIS FORM IS ONLY FOR FIRST-YEAR PHARMACY STUDENTS

First Name	Middle/Maiden Name	Last Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		City	State Zip
Home Phone () -	Work Phone () - Ext.	Cell Phone () -	
Social Security Number - -	Birth Date	Place of Birth	Email Address

Would you like to be an emergency preparedness volunteer? Yes ____ No ____

VOLUNTARY EQUAL OPPORTUNITY INFORMATION

To further its commitment to equal opportunity, the Board of Pharmacy requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel.

Race: Are you of Hispanic or Latino origin? Yes No
 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

If you are not of Hispanic or Latino origin, select one or more of the following racial categories:

1. <input type="checkbox"/>	American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. <input type="checkbox"/>	Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. <input type="checkbox"/>	Black or African American (A person having origins in any of the black racial groups of Africa.)
4. <input type="checkbox"/>	Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. <input type="checkbox"/>	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

PHARMACY SCHOOL ENROLLMENT AFFIDAVIT

Name of applicant: _____

School of Pharmacy: _____

Address of School: _____

Expected Date of Graduation _____ SS# _____

STATEMENT OF PHARMACY SCHOOL ENROLLMENT

**** This section must be completed by the school/college of pharmacy ****

This is to certify that _____ is currently enrolled at:

(Print name of applicant)

(Print name of university/college)

Initial Enrollment Date: _____

Year in school 1 2 3 4

(Circle one)

School Address: _____

SCHOOL SEAL

Phone: _____

Signature _____

Dean or designee

Printed Name

Title _____

Please Print

Date _____

Phone Number: _____