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](http://dhmh.maryland.gov/pharmacy/SitePages/emergency-preparedness-information.aspx) for more information and/or email MDresponds.dhmh@maryland.gov to register.
PHARMACY STUDENT TECHNICIAN EXEMPTION FORM
THIS FORM IS ONLY FOR FIRST-YEAR PHARMACY STUDENTS

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle/Maiden Name</th>
<th>Last Name</th>
<th>Male ☐</th>
<th>Female ☐</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Home Phone (    )-</th>
<th>Work Phone (    )- Ext.</th>
<th>Cell Phone (    )-</th>
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<tr>
<th>Social Security Number _ _</th>
<th>Birth Date</th>
<th>Place of Birth</th>
<th>Email Address</th>
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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. ☐ 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. ☐ 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. ☐ Black or African American (A person having origins in any of the black racial groups of Africa.)

4. ☐ Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

5. ☐ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Revised 02.26.18
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: ________________________