



# Louisiana Board of Pharmacy

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## Pharmacist's Certification of Pharmacy Technician Practice In Non-Resident State

<b>Name of Pharmacy Technician:</b>  
<b>Pharmacy Technician License No.:</b>  
<b>Issue Date of Original License:</b>  

- I certify that I am a licensed pharmacist and that I practice pharmacy at the pharmacy located outside the State of Louisiana, as identified below.
- I certify the pharmacy technician identified above has practiced as a pharmacy technician under my supervision at the pharmacy location identified herein, during the period of time identified below.
- To the best of my knowledge and belief, the pharmacy technician is competent to assist in the practice of pharmacy.

Name of Pharmacy: \_\_\_\_\_

Pharmacy Permit No.: \_\_\_\_\_

Beginning Date of Practice: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name of Supervising Pharmacist: \_\_\_\_\_

Pharmacist License No.: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Pharmacist's Signature

<b>FOR BOARD USE ONLY</b>	
<b>Date Approved:</b> _____	<b>Approved By:</b> _____