



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243
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<http://health.state.tn.us/boards/pharmacy/>

PHARMACY TECHNICIAN AFFIDAVIT

- This form is to be kept in the **EMPLOYER'S** permanent pharmacy files for the duration of the employment of the technician or as the law requires.
- Please do not return this document to the Pharmacy Board.

I, _____, do attest that I have read Pharmacy

Technician Rule 1140-2-.02 and T.C.A. §63-10-201 thru §63-10-213 and §63-10-301 thru §63-10-310.

I understand the statutes and regulations pertaining to the practice of pharmacy in Tennessee.

All registered pharmacy technicians shall immediately notify the Board in writing of changes of address or new employer.

Signature of Technician

Date

Signature of Employer

Date