

Pharmacy Examining Board

Mail To: P.O. Box 8935
 Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue
 Madison, WI 53703

E-Mail: DSpscCredPharmacy@wisconsin.gov

Website: <http://dsps.wi.gov>

INSTITUTIONAL TECH-CHECK-TECH PILOT PROGRAM APPLICATION

DBA NAME OF PHARMACY: (This must be the name on the pharmacy license.)	PHARMACY TELEPHONE:	PHARMACY WI LICENSE NUMBER:
PHARMACY ADDRESS (pharmacy location to which the waiver applies): number, street, city, zip code		
MANAGING PHARMACIST:	EMAIL:	
TECH-CHECK-TECH SUPERVISING PHARMACIST:	EMAIL:	

Wisconsin Department of Safety and Professional Services

We attest that we have read, understand, and will comply with all requirements of the institutional tech-check-tech pilot program requirements; the application covers only the pharmacy indicated above and at the location specified; and that we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

 Supervising Pharmacist Signature

 WI License Number

 Date

 Printed Name of person signing above

 Managing Pharmacist Signature

 WI License Number

 Date

 Printed Name of person signing above