PROFESSIONAL CREDENTIAL SERVICES, INC.
P.O. Box 198788
Nashville, TN 37219

Massachusetts Board of Registration in Pharmacy

Pharmacy Technician Registration Application

Employer Verification of Experience and Examination

This form is to be completed by the Pharmacist Employer for Non-Certified Applicants.

A. Applicant Information. Provide information of Pharmacy Technician who is to be registered.

Please type or print using blue or black ink only.

First Name	Middle Name	Last Name	Other/Maiden
Shir Hussain		Tabesh	

Date of Birth	Social Security Number or Affidavit in Support of Registration
05/22/1992	269-63-9644

B. Pharmacist Information. **This section is to be completed by the Pharmacist Employer.**

Applicant Does Not Complete This Section.

Supervising Pharmacist must complete this section on behalf of applicant prior to submitting form to PCS.

Pharmacist's Name	State License No.	License Expiration Date
Phat Pham	PH100787	12/31/2024

Pharmacy Name: CVS Pharmacy

Pharmacy Location: Street Address: 12 Harvard st

City	State	ZIP Code
	MA	

Email Address _____ Telephone Number _____

1) Is the applicant named above currently working under your supervision? ☐ Yes ☐ No

2) Training / Experience

A.) Successfully completed hours of supervised experience as a pharmacy technician trainee ☐ Yes ☐ No

List the number of hours _____

B.) Successfully completed a Board-approved training program ☐ Yes ☐ No

Identify the Board-approved training: _____

3.) Did the applicant pass a Board-approved pharmacy technician assessment examination? ☐ Yes ☐ No

Date of examination: 10/11/2024 Score: 82 *(min. passing score of 75% required)*

Administered by (employers name): CVS Pharmacy

By my signature below, I hereby certify, under the penalties of perjury, that the information above is true and accurate.

_____ _____

Signature of Pharmacist Date