

Nebraska Department of Health & Human Services - Division of Public Health
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986
(402) 471-2118

**AFFIDAVIT TO USE A TECHNICIAN MANUAL THAT HAS ALREADY BEEN
APPROVED FOR ANOTHER PHARMACY**

I certify that I have read and agree to abide by the '**Pharmacy Technician Manual**' on file for

_____ Pharmacy License # of that facility _____
(Name of pharmacy whose technician manual you will be using)

located at: _____
(Pharmacy's Street Address for manual you will be using) (city) (zip)

(Date) (Signature of Pharmacist in Charge requesting approval) (PIC **RP** license #)

_____ Pharmacy requesting approval license # _____
(Name of Pharmacy requesting approval)