

**CERTIFIED OREGON PHARMACY TECHNICIAN
LICENSE RENEWAL APPLICATION**

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232
TELEPHONE: (971) 673-0001
www.pharmacy.state.or.us



FOR BOARD USE ONLY [0328] \$35.00

RECEIPT # _____

CHECK # _____

ENTERED BY _____

CERTIFIED OREGON PHARMACY TECHNICIAN

(Expires September 30 Annually)

FEE \$35.00

**DELINQUENT FEE OF \$20 IS REQUIRED
IF POSTMARKED AFTER AUGUST 31
Payable by Check or Money Order Only**

This is a 4-page application, failure to fully complete this application or provide all of the items requested will require us to return it to you for additions/corrections.

1. Please attach (1) original passport regulation photograph taken within the past 6 months.
2. Please attach a copy of your driver's license or state issued ID card.
3. Please provide a photocopy of your National Certification.

The Oregon Board of Pharmacy is **required** under 42 USC § 666(a)(13) and ORS 25.785 to obtain the social security numbers of all licensees. Your social security number may be used for purposes of identification and to conduct a background investigation. The Board may disclose your social security number to pharmacies, other state boards of pharmacy and to law enforcement agencies.

Full Name _____

Date of Birth ____/____/____ Social Security # ____ - ____ - ____ E-mail _____

Physical Address _____

City, State, Zip _____

Mailing Address _____

City, State, Zip _____

Phone Numbers (____) _____ - (____) _____ - _____

National Certification Number _____ Status _____ Issue Date _____

Certification Type: (circle one) **PTCB** **ExCPT**

PHARMACY EMPLOYMENT HISTORY: If you are currently or have previously worked in a pharmacy in this or any other state, list the pharmacy name, address and dates of employment.

Current Pharmacy/Employer _____ Employment Phone Number _____

Employment Address _____ City _____ State _____ Zip _____

Pharmacy Name _____ Address _____

Dates Employed (From – To) _____

PREVIOUS TRAINING/EXAMINATION RECORD: if you have previously taken technician training or an exam for a pharmacy technician /license in this or any other state you must disclose the places, dates and results:

Location _____ Date _____ Passed or Failed _____

Location _____ Date _____ Passed or Failed _____

PREVIOUS LICENSURE AS A PHARMACY TECHNICIAN: Are you now or have you ever been licensed or registered as a Pharmacy Technician in this or any other state? If so, indicate which state(s), the effective date(s), certification number(s) and whether or not the license/registration is current.

Name of State _____ Date _____ Cert/License No _____ Status _____

Name of State _____ Date _____ Cert/License No _____ Status _____

APPLICANT'S PERSONAL HISTORY

High School Education: Name of High School Graduated From: _____

City _____ State _____ Year _____

OR High School Equivalent Credentials Issued By: _____

City _____ State _____ Year _____

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions will result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUUI (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, or assault violations, or an other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened.

This information must be reported whether or not the arrest/citation was dismissed; dismissed through diversion; or happened over 5 years ago. Please contact the Oregon Board of Pharmacy at (971) 673-0001 if you do not understand the above information.

If the answer is "Yes" to any part of these questions, you **must** provide a written explanation of the circumstances in detail. You must also provide copies of all police reports, court documentation and other related documents. Failure to provide these records will lengthen the time it takes to process your application.

1. Do you have any condition that in any way impairs or may impair your capacity to perform the duties of a Pharmacy Technician with reasonable skill and safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you use, or have you used a chemical substance in any way that may impair or limit your ability to perform the duties of a Pharmacy Technician with reasonable skill and safety? ("Chemical Substance" includes alcohol and drugs).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have any disciplinary actions been taken (or are any actions pending) against your license in any state or US jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you suffered any civil judgment related to incompetence, negligence or malpractice concerning the practice of health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you currently engaged in the unlawful use of controlled substance(s)? (Unlawful use of controlled substances means the use of controlled substances obtained illegally (e.g. marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been found in any civil, administrative or criminal proceeding to have possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or dispensed controlled substances for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured or placed on probation by a state, federal or foreign authority or have you ever surrendered such credential in connection with or to avoid action by such authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you ever been found in any civil, administrative or criminal proceeding to have: <ul style="list-style-type: none"> a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or prescription drugs, violated any drug law or prescribed any controlled substance for yourself? b. Committed any act involving dishonesty? c. Violated any state or federal law or rule regulating the practice of a health care profession? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you ever been cited, arrested for, charged with or convicted of the commission of any crime, offense or violation of the law in any state or by the Federal Government even if those charges were dismissed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been charged with or disciplined for the violation of a pharmacy, liquor or drug law or regulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is "NO" to these questions, you must *hand write* and sign the following statement:

"I have never been arrested or cited for, charged with nor convicted of the commission of any crime, offense or violation of the law in any state or by the federal government. I have never been charged with nor disciplined for the violation of a pharmacy, liquor or drug law or regulation by a professional licensing board or agency. I have never surrendered or resigned a professional license."

I hereby certify that I have read this application and further certify that the information provided on this form is true and correct. I am aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license. I am aware that the Oregon Board of Pharmacy will conduct a criminal records check through the Law Enforcement Data System (LEDS).

SIGNATURE _____ DATE _____
 (For Above Questions/Statement)

I have read and agree to abide by the rules of the Oregon Board of Pharmacy found at Oregon Administrative Rule 855 Division 25. I am aware that failure to observe these rules may result in termination and/or action against my Certified Oregon Pharmacy Technician license.

APPLICANT'S SIGNATURE _____ DATE _____

MAIL THIS APPLICATION WITH REQUIRED DOCUMENTS, AND FEES, PAYABLE TO THE OREGON BOARD OF PHARMACY – IF POSTMARKED AFTER AUGUST 31, PLEASE PAY \$55.00.

ALL RETURNED CHECKS WILL BE ASSESSED A \$25.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)

IF YOU PAY PRIOR TO THE POSTMARK DEADLINE AND YOUR CHECK IS RETURNED, ADDITIONAL LATE FEES MAY BE APPLIED.



Oregon

Theodore R. Kulongoski, Governor

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971 / 673-0001
Fax: 971 / 673-0002
E-mail: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

CULTURAL DIVERSITY INFORMATION

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), a law which is designed to identify populations under-served by health care providers. The law requires regulatory agencies to collect and maintain licensee's racial, ethnic and bilingual information and to report this data to the Legislature.

Provision of this information is voluntary.

If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.

Ethnic/Racial Background:

- | | |
|---|---|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black (not Hispanic) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White (not Hispanic) | <input type="checkbox"/> Other |
- Please explain:

Bilingual:

Are you bilingual? Yes No If yes, check applicable languages:

- | | | | | |
|--|---------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> French | <input type="checkbox"/> Italian | <input type="checkbox"/> German | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> Scandinavian | <input type="checkbox"/> Slavic | <input type="checkbox"/> Arabic | <input type="checkbox"/> Persian | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Greek | <input type="checkbox"/> Turkish | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai | <input type="checkbox"/> Russian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian/Pakistan | <input type="checkbox"/> Other | | | |

Please return this page with your application/renewal form.

Provision of this page is voluntary.