



# Oregon

John A. Kitzhaber, MD, 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](mailto:pharmacy.board@state.or.us)  
Web: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

**To: All Pharmacy Technician and Certified Pharmacy Technician Applicants**

**From: Oregon Board of Pharmacy**

**Date: February 1, 2011**

**Re: Fingerprint Requirement**

**Effective February 1, 2011, the Board has implemented a fingerprint requirement for all new Pharmacist, Pharmacy Technician, Certified Pharmacy Technician and Intern applicants. Please review the following information and fingerprint requirements. Note that the new fingerprint requirement will require additional time for processing. You should apply for licensure well in advance of any planned employment.**

## Application Requirements

To avoid delays in processing, please ensure that all application requirements are provided at the time of submission. This includes:

- Completed application.
- 1 passport photo.
- Copy of the front and back of your government issued photo ID.
- Application processing fee payable by check or money order only. The Pharmacy Technician and Certified Pharmacy Technician application fee is \$50.00 each. The application processing fee is separate from the required \$52.00 background check fee.
- Copy of National Certification Certificate from either the Pharmacy Technician Certification Board (PTCB) or Exam for the Certification of Pharmacy Technicians (ExCPT through NHA). Printouts of test results will not satisfy this requirement. Note that this is a requirement for Certified Technician applicants only.
  - PTCB Contact Information: [www.ptcb.org](http://www.ptcb.org) or (800) 363-8012
  - ExCPT Contact Information: [www.nationaltechexam.org](http://www.nationaltechexam.org) or 800-499-9092
- Detailed explanation of criminal history if applicable. This does not include minor traffic violations and/or parking citations. Each criminal incident also requires the following:
  - Police report.
  - Court documents revealing the final outcome of the case.
- Detailed explanation of any disciplinary action taken against you by another state's Board of Pharmacy or other Licensing Board. A copy of the Board Order must be provided with your application.

*Note that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of licensure. In addition the Oregon Board of Pharmacy may deny licensure to an applicant convicted of certain crimes.*

## Fees

- Checks or money orders are the only payment methods accepted for the processing of new applications. Credit cards and cash may not be used.
- All checks and money orders must be made payable to the Oregon Board of Pharmacy.
- All fees are non-refundable. Applicants that do not complete the application process or do not qualify for licensure will not be refunded the processing fee.
- A cancelled check is your receipt and notification that the Oregon Board of Pharmacy has received your application.

## Fingerprint-based Background Check

Once an applicant applies for a license by submitting a complete application and the appropriate fee, they will be sent a fingerprint instruction packet, if not already requested. This will include a fingerprint card and instructions about getting fingerprints taken. Along with the instructions is a form to be completed by the applicant and the person who takes the fingerprints. The following items must be returned to the Board office:

- A completed fingerprint card.
- A completed verification form
- Payment of \$52.00 payable by check or money order only.

Upon receipt, we will send the required documents to the Oregon State Police (OSP). OSP will process the request and conduct a nationwide background check through the FBI, and return the results to the Board office. Assuming that an applicant does not have any undisclosed criminal activity on his/her record, the application will be processed accordingly. Occasionally, an applicant's fingerprint card may be rejected because of poor quality fingerprints, and they will have to get fingerprinted again.

OSP may take up to 21 days or longer to return the results. If there is a poor quality card or other issues, the process may take longer.

## Please Note

- If you satisfy all requirements for licensure your license will be issued between seven and ten business days after we have reviewed all of the required information and have determined eligibility.
- The Oregon Board of Pharmacy does not expedite the processing of new applications and does not issue temporary licenses.
- If you have already provided the Board with past criminal history and/or disciplinary action taken by another Board you do not need to provide this information again. Instead please answer all application questions accordingly and indicate that all criminal/disciplinary action has been previously reported to the Board.
- Your license will be issued using the name on the initial application. If you change your name before or after issuance, submit legal documentation of your name change. (Marriage license, divorce decree, court order.)
- Your **mailing address** must be **current** with the Board at **all** times. Changes to your address must be provided in writing within 15 days and may be provided via fax or email.
- Even if you have recently submitted your fingerprints to the Oregon State Police or other agency for a background check you are still required to submit a new fingerprint card, identity verification form and \$52.00 payment to the Oregon Board of Pharmacy.

*Please be aware of this requirement as you make employment decisions*



APPLICATION FOR LICENSURE  
**CERTIFIED OREGON PHARMACY TECHNICIAN**

(Expires September 30<sup>th</sup> Annually)

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

**CERTIFIED OREGON PHARMACY TECHNICIAN**

**FEE: \$50.00**  
**ALL FEES ARE NON-REFUNDABLE**

Dear Applicant:

The license you are applying for is the Certified Oregon Pharmacy Technician license. To be eligible for this license, you must:

- Have a high school diploma or GED at the time the Board issues the license;
- Take and pass a national certification exam through ICPT (ExCPT) or PTCB;

National Healthcareer Association (ExCPT)  
7500 West 160th St  
Stilwell, KS 66085  
800-499-9092  
[www.nationaltechexam.org](http://www.nationaltechexam.org)

Pharmacy Technician Certification Board (PTCB)  
2215 Constitution Avenue, NW  
Washington, DC 20037  
800-363-8012  
[www.ptcb.org](http://www.ptcb.org)

***NOTE: Testing is NOT offered by the Oregon Board of Pharmacy.  
You must contact PTCB or ICPT for all information on testing and certification.***

This license expires September 30<sup>th</sup>, each year. Your license may not be valid for a full year.  
The Oregon Board of Pharmacy does not pro-rate fees.

To expedite processing of your application, include:

- A copy of your driver's license or state ID,
- A copy of your national certification, (we cannot accept a letter stating you passed the exam)
- A new, original passport regulation photograph taken within the last 6 months,
- A check or money order for \$50.00.

- 1) Read the instructions on the form carefully.
- 2) Truthfully answer the moral turpitude questions on pages 2 and 3.
- 3) Check your application to make sure it is complete and you have included everything required.

If you have any questions or concerns, please contact the Oregon Board of Pharmacy by phone 971-673-0001 or email [pharmacy.board@state.or.us](mailto:pharmacy.board@state.or.us)

LICENSE 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 [0330] \$50.00
RECEIPT # \_\_\_\_\_
CHECK # \_\_\_\_\_
ENTERED BY \_\_\_\_\_

CERTIFIED PHARMACY TECHNICIAN
(Expires September 30 Annually)

FEE: \$50.00
Payable by Check or Money Order Only
ALL FEES ARE NON-REFUNDABLE

This is a 4-page application. Failure to fully complete this application or to provide all of the items requested will require us to return it to you for additions or 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. We cannot accept a letter stating that you passed.

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 ( ) - ( ) -

Certification \_\_\_PTCB (Pharmacy Technician Certification Board) \_\_\_ExCPT (Exam for the Certification of Pharmacy Technicians)

PTCB/ICPT Number (required) \_\_\_\_\_ Status \_\_\_\_\_ Issue Date \_\_\_\_\_

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

Pharmacy Name \_\_\_\_\_ Pharmacy Telephone Number \_\_\_\_\_

Pharmacy Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Pharmacy Name \_\_\_\_\_ Address \_\_\_\_\_

Dates Employed (From - To) \_\_\_\_\_

PREVIOUS TRAINING/EXAMINATION RECORD: If you have received technician training or taken an exam for a pharmacy technician certification, registration, or license in any 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 any state? If so, indicate which state(s), the effective date(s), license number(s) and whether or not the license is current.

Name of State \_\_\_\_\_ Date \_\_\_\_\_ Cert/License No \_\_\_\_\_ Status \_\_\_\_\_

Name of State \_\_\_\_\_ Date \_\_\_\_\_ Cert/License No \_\_\_\_\_ Status \_\_\_\_\_

[ ] I request certified copies of my license. (Write number in brackets.)

**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 DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of controlled substances, theft, shoplifting, domestic violence, or assault violations, or any 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, expunged, judged not guilty, 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; as well as copies of all police reports, court documents and other related documents. Failure to provide these records will lengthen the time it takes to process your application. Refusal to provide these records makes your application incomplete, and it will be denied.

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 health related profession 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: 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?	[ ] Yes [ ] No
10. Have you ever been charged with or disciplined for the violation of a pharmacy, liquor, or drug law or regulation?	[ ] Yes [ ] No

**[ ] Please check here if you have already reported this information to the Board and provided documentation. You do not need to resubmit documentation that you have already provided.**

**If all of your answers to these questions are "NO," you must hand write the following statement on the lines provided below, and sign:**

"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."

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[ ] I want my license effective once you have received my completed application, payment, and all additional items in your office. I understand that my license will expire **this September 30<sup>th</sup>**, and I must renew it to continue working as a Certified Oregon Pharmacy Technician.

[ ] I want my license effective this coming October 1<sup>st</sup>. I understand that **I cannot work as a Certified Oregon Pharmacy Technician** until I have an active Certified Oregon Pharmacy Technician license posted in the pharmacy.

**Read and sign both statements below:**

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 Fingerprint-based Background Check.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(REQUIRED For Above Questions/Statement regardless of answers to questions.)

I have read and agree to abide by the rules of the Oregon Board of Pharmacy found in 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL THIS APPLICATION WITH YOUR PASSPORT PHOTO, COPY OF YOUR DRIVER'S LICENSE OR STATE ID, COPY OF YOUR NATIONAL CERTIFICATION, (NOT THE LETTER STATING THAT YOU PASSED THE EXAM) REQUIRED DOCUMENTS, AND CHECK OR MONEY ORDER MADE OUT TO THE OREGON BOARD OF PHARMACY TO THE ADDRESS ON THE FIRST PAGE.**

**APPLICATIONS WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN RECEIVED.**

*ALL RETURNED CHECKS WILL BE ASSESSED A \$35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)*



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## 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:

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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.**