



APPLICATION FOR LICENSURE
CERTIFIED OREGON PHARMACY TECHNICIAN

(Expires September 30th Annually)

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

CERTIFIED OREGON PHARMACY TECHNICIAN

FEE: \$35.00
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;

Institute for the Certification
of Pharmacy Technicians (ICPT)
2536 S Old Hwy 94 #224
St. Charles, MO 63303
866-391-9188
www.icpt.org

Pharmacy Technician
Certification Board (PTCB)
1100 15th Street, NW, Suite 730
Washington, DC 20005
800-363-8012
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 30th, 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 \$35.00.

- 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.
- 4) Please allow 5 to 10 business days processing time for your license. We will verify your national certification, and run a criminal background check on you with LEDS for this license.

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

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 [0328] \$35.00
RECEIPT # _____
CHECK # _____
ENTERED BY _____

CERTIFIED PHARMACY TECHNICIAN
(Expires September 30 Annually)

FEE: \$35.00
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?	<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

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."

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 30th**, and I must renew it to continue working as a Certified Oregon Pharmacy Technician.

I want my license effective this coming October 1st. 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 criminal records check through the Law Enforcement Data System (LEDS.)

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 \$25.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)



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.