APPLICATION FOR LICENSURE

PHARMACY TECHNICIAN
(Non-Renewable: Expires the second June 30 from the date of issuance)

OR

CERTIFIED OREGON PHARMACY TECHNICIAN
(Expires June 30, 2018)

OREGON BOARD OF PHARMACY
800 NE OREGON STREET, SUITE 150
PORTLAND OR 97232

PHARMACY TECHNICIAN
Non-Refundable Fee: $50.00

CERTIFIED OREGON PHARMACY TECHNICIAN
Non-Refundable Fee: $50.00

BACKGROUND CHECK (valid for 12 months)
Non-Refundable Fee: $40.00

FINGERPRINT BACKGROUND CHECK

To be eligible for licensure with the Oregon Board of Pharmacy, you must complete a national fingerprint based background check. Results are valid for a period of 12 months. If you have not completed the background check process within the past 12 months, you will be sent the instructions to obtain your fingerprints after your application; $40.00 fingerprint background processing fee and $50 application fee have been received by the Oregon Board of Pharmacy.

The State of Oregon uses an electronic process for obtaining fingerprints which is now accessible nationwide. Fingerprints must be taken at a designated Fieldprint facility. Your fingerprints will then be electronically submitted to the Oregon State Police. You must provide an email address on your application. The information that you need to schedule an appointment will be emailed to you.

If you are not nationally certified through NHA or PTCB, you are only eligible for a:

PHARMACY TECHNICIAN LICENSE

The Pharmacy Technician license expires the second June 30 from the date of issuance, not to exceed two years. This license is non renewable except by petition to the Board. The purpose of the Pharmacy Technician license is to provide an opportunity for a person to obtain competency in the role of a Pharmacy Technician and allow a person time to become nationally certified* while being eligible to work in a pharmacy.

To qualify for an Oregon Pharmacy Technician license, you must:

- Be at least 18 years of age and hold either a high school diploma or GED;

*To become nationally certified, an applicant must take and pass a national certification exam through NHA (ExCPT) or PTCB and comply with NHA or PTCB’s requirements. Applicants who are nationally certified are eligible to apply for a Certified Oregon Pharmacy Technician license. A Pharmacy Technician license is not required to qualify for a Certified Oregon Pharmacy Technician license. Applicants who have not passed one of the two tests either through the National Healthcareer Association or the Pharmacy Technician Certification Board are NOT nationally certified and only eligible for a Pharmacy Technician license.

- NHA (National Healthcareer Association) www.nhanow.com 800-499-9092
- PTCB (Pharmacy Technician Certification Board) www.ptcb.org 800-363-8012

You must contact NHA or PTCB for all information on testing and certification.

If you have passed a national certification exam, and hold an active national certification through NHA or PTCB, you are eligible for a:

CERTIFIED OREGON PHARMACY TECHNICIAN LICENSE

To qualify for a Certified Oregon Pharmacy Technician license, you must:

- Be at least 18 years of age and hold either a high school diploma or GED;

- Hold an active national certification. NOTE: Testing is NOT offered by the Oregon Board of Pharmacy. You must contact NHA or PTCB for all information on testing and certification. Please see contact info above.
APPLICATION CHECKLIST:  
Before submitting your application please review the checklist for the license you are applying for to ensure your application is complete.

Please note: Application processing times may vary depending on your National fingerprint background check results and as well as timely submission of all required documents. Please watch your email for information regarding your application. You must provide an email address on your application.

The following items are required to process your PHARMACY TECHNICIAN APPLICATION:

☐ Check or money order for the Pharmacy Technician Application fee of $50.00
☐ Check or money order for the fingerprint processing fee of $40.00 (if applicable)
☐ An original passport/visa style photograph taken within the last six months
☐ Color copy of the front and back of your valid state issued driver’s license or state issued photo ID
☐ Graduation year & name of school or institution issuing diploma or equivalency
☐ Moral turpitude questions and statement completed
☐ Application signed and dated

The following items are required to process your CERTIFIED OREGON PHARMACY TECHNICIAN APPLICATION:

☐ Check or money order for the Certified Oregon Pharmacy Technician Application fee of $50.00
☐ Check or money order for the fingerprint processing fee of $40.00 (if applicable)
☐ Copy of your national certification through PTCB or NHA
☐ An original passport/visa style photograph taken within the last six months
☐ Color copy of the front and back of your valid state issued driver’s license or state issued photo ID
☐ Graduation year & name of school or institution issuing diploma or equivalency
☐ Moral turpitude questions and statement completed
☐ Application signed and dated

The Following Items are required if you have been ARRESTED OR CITED for violations of the law:

☐ A written explanation of the circumstances in detail
☐ Copies of all police reports (Contact the police agency(ies) involved for police reports.)
☐ Court documents (Contact the court for court documents.)
☐ Other related documents

Note: Simple traffic infractions such as speeding or parking tickets do not need to be reported
ONE ORIGINAL PASSPORT STYLE PHOTOGRAPH AND A COLOR COPY OF YOUR DRIVER’S LICENSE, STATE ISSUED ID OR PASSPORT.

Failure to fully complete this application and provide all items requested will delay the processing of your application.

*The Oregon Board of Pharmacy is required, under Title 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, to conduct a background investigation, and debt collection efforts. The Board may disclose your social security number to the following entities: the Oregon Department of Justice; the National Association of Boards of Pharmacy; the National Practitioner Databank; other state boards of pharmacy; law enforcement agencies and collection firms. Failure to provide your SSN will result in non-licensure.

Full Name ____________________________

Social Security # ________ - - __________* Date of Birth ___/___ /____

Physical Address __________________________

City, State, Zip __________________________ E-mail __________________________

Phone Number (_____ ) - __________ Phone Numbers (_____ ) - 

Mailing Address (If Different) __________________________

City, State, Zip __________________________

Certification ___PTCB (Pharmacy Technician Certification Board) ___NHA (National Healthcareer Association/ExCPT)

National Certification Number __________________________________________ Expiration Date __________

PHARMACY EMPLOYMENT HISTORY: If you are working or have worked in a pharmacy in any state, provide the current or most recent information below.

Pharmacy Name __________________________

Pharmacy Address __________________________ City__________________ State__________ Zip______

Pharmacy Telephone Number __________________________ Dates Employed (From – To) __________________________

PREVIOUS TRAINING/EXAMINATION RECORD: If you have received technician training, are enrolled or were previously enrolled in a pharmacy technician school, or have taken an exam for a pharmacy technician certification, registration, or license in any state you must disclose the location, date(s) and results:

Location __________________________ Date __________ Passed or Failed __________

PREVIOUS LICENSURE AS A PHARMACY TECHNICIAN: If you are now, or have ever been licensed or registered as a Pharmacy Technician in any state including Oregon, complete the information below.

Name of State __________________________ Cert/License No. __________ Exp. Date __________ Status __________

Name of State __________________________ Cert/License No. __________ Exp. Date __________ Status __________
APPLICANT’S PERSONAL HISTORY:

Education: A high school diploma or GED is required for licensure. Do you meet this requirement? [ ] Yes [ ] No

REQUIRED INFORMATION – You must provide the information requested below:

Date of High school graduation or date equivalency credentials met (mm/yy): ____________________________
Name of School or institution issuing diploma or equivalency: ____________________________
City: ____________________________ State: ____________________________

MORAL TURPITUDE SECTION:

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may 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 a controlled substance, 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, or judged not guilty, regardless of how long ago it happened.

If you have been arrested or cited for violations of the law other than simple traffic infractions such as speeding or parking tickets, you must provide the following items:

✓ A written explanation of the circumstances in detail;
✓ Copies of all police reports. Contact the police agency(ies) involved for police reports;
✓ Court documents. Contact the court for court documents; and
✓ Other related documents.

Failure to provide these records with your application will lengthen the time it takes to process your application. Refusal to provide these records will make your application incomplete, and ineligible for processing.

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? [ ] Yes [ ] 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.) [ ] Yes [ ] 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? [ ] Yes [ ] No

4. Have you suffered any civil judgment related to incompetence, negligence or malpractice concerning the practice of health care? [ ] Yes [ ] No

5. Have you ever engaged in the unlawful use of a 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.) [ ] Yes [ ] 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? [ ] Yes [ ] 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? [ ] Yes [ ] 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? [ ] Yes [ ] No
   b. Committed any act involving dishonesty? [ ] Yes [ ] No
   c. Violated any state or federal law or rule regulating the practice of a health care
      profession? [ ] Yes [ ] 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

☐ Check here if you have reported this information to the Board and provided documentation on a
    previous application. 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 Moral Turpitude
Statement exactly as shown below:

“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.”

ALL APPLICANTS PLEASE READ AND SIGN THE STATEMENT 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 National Fingerprint-based Background Check.

I have read and agree to abide by the laws and rules of the Oregon Board of Pharmacy, Oregon Revised Statutes
475 and 689 as well as Oregon Administrative Rule Chapter 855. The rules specific to Pharmacy Technicians can
be found in OAR 855 Division 25. I am aware that failure to observe these rules may result in imposition of a civil
penalty, revocation, and other action against my license.

APPLICANT’S SIGNATURE ___________________________ DATE ______________

Submit check or money order payable to the Oregon Board of Pharmacy, along with your completed
application to the following address: Oregon Board of Pharmacy
800 NE Oregon St, STE 150
Portland OR, 97232

ALL FEES ARE NON-REFUNDABLE
ALL RETURNED CHECKS WILL BE ASSESSED A $35.00 RETURNED CHECK FEE PURSUANT TO ORS 30.701(5)
CULTURAL DIVERSITY INFORMATION
Provision of this Information is Voluntary

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.

Race:

___ Asian  ___ American Indian/ Alaskan Native
___ Black or African American  ___ Native Hawaiian/ Pacific Islander
___ White (not Hispanic)  ___ Other

Please explain:


Ethnicity:

___ Hispanic/ Latino  ___ Non-Hispanic or Latino
___ Refused to Answer

Bilingual:

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

___ Spanish  ___ French  ___ Italian  ___ German  ___ Dutch
___ Scandinavian  ___ Slavic  ___ Arabic  ___ Persian  ___ Japanese
___ Vietnamese  ___ Greek  ___ Turkish  ___ Hebrew  ___ Chinese
___ Cambodian  ___ Korean  ___ Thai  ___ Russian  ___ ASL
___ Indian/ Pakistan

CERTIFIED OREGON PHARMACY TECHNICIAN LICENSE APPLICANTS ONLY

If you do not select one of the options below your license will be effective upon completion of the application process and you must renew prior to June 30th.

1. [ ] I want my license effective once you have received my completed application, payment, background check, and all additional items in your office. I understand that my license will expire this June 30th, and I must renew it prior to June 30th to continue working as a Certified Oregon Pharmacy Technician. I understand that my license will expire in less than 4 months and I will need to renew prior to May 31st to avoid an additional delinquent fee of $20.00.

*Option 2 below is only available during the renewal cycle which runs Mar-Jun (please check only ONE):

2. [ ] *I want my license effective this coming July 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. This option is not available until March 1st.