



# 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  
**PHARMACY TECHNICIAN**  
(Non-Renewable: Expires 1 year from date of issue)  
**OR**  
**CERTIFIED OREGON PHARMACY TECHNICIAN**  
(Renewable: Expires September 30<sup>th</sup> Annually)

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

**PHARMACY TECHNICIAN**  
**CERTIFIED OREGON PHARMACY TECHNICIAN**

**Non-Refundable Fee: \$50.00**  
**Non-Refundable Fee: \$50.00**

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 15 months. If you have not completed the background check process within the past 15 months, **or** you have not already [requested a fingerprint background check packet](#), one will be sent to you when the Oregon Board of Pharmacy receives your application. The fingerprint background check processing fee is \$52.00.

The **Pharmacy Technician** license expires one year from the date of issue. Per Oregon Administrative Rule 855-025-0010, all pharmacy technicians must become nationally certified within one year of initial licensure or before the licensee's 19<sup>th</sup> birthday, whichever is later, in order to be eligible for continued licensure.

*If you are **not nationally certified** through NHA or PTCB, you may only apply for a:*

**PHARMACY TECHNICIAN LICENSE**

To be nationally certified, you must take and pass a national certification exam through NHA (ExCPT) or PTCB and comply with NHA or PTCB's requirements to maintain certification. If you have not passed one of these two tests, you are NOT nationally certified.

- NHA (National Healthcareer Association) [www.nationaltechexam.org](http://www.nationaltechexam.org) 800-499-9092
- PTCB (Pharmacy Technician Certification Board) [www.ptcb.org](http://www.ptcb.org) 800-363-8012

You must submit an additional application and receive your **Certified Oregon Pharmacy Technician** license prior to the 1 year expiration date of your Pharmacy Technician license to continue working as a Pharmacy Technician.

If you are under the age of 19, the Pharmacy Technician license may be renewed until you turn 19 years old, and will expire on September 30<sup>th</sup> each year, or on your 19<sup>th</sup> birthday.

*If you have passed a national certification exam, and hold **an active national certification** through NHA or PTCB, you should apply for a:*

**CERTIFIED OREGON PHARMACY TECHNICIAN LICENSE**

To be eligible for a **Certified Oregon Pharmacy Technician** license, you must:

- Have a high school diploma or GED;
- Take and pass a national certification exam through NHA (ExCPT) or PTCB (see contact information above) and hold 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.*

The Certified Oregon Pharmacy Technician 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.

If you once held a national certification, but it is expired, you are not eligible for the Certified Oregon Pharmacy Technician license. You must reinstate your national certification *before* you apply for the Certified Oregon Pharmacy Technician license.



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
T [0318] \$50.00
C [0330] \$50.00
F [0352] \$52.00
RECEIPT #
CHECK #
ENTERED BY
FP PACKET MAILED HANDED
FP
EXPIRATION:

PHARMACY TECHNICIAN (License is valid for 1 year and may not be renewed) Non-Refundable Fee: \$50.00

CERTIFIED PHARMACY TECHNICIAN (Renewable: Expires September 30 Annually) Non-Refundable Fee: \$50.00

I request 2 free certified copies of my license.

I request additional copies of my license at \$5.00 per sheet, 2 copies per sheet. Fee: \$5.00 x = \$

This is a 4-page application. Failure to fully complete this application or to provide all of the items requested will require us to contact you for additions or corrections, and you may incur additional fees or delays.

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 background investigations. The Board may disclose your social security number to 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) 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 pharmacy technician school, or have 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

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:** Year of high school graduation or equivalency credentials earned: \_\_\_\_\_

Name of school or institution issuing diploma or equivalency: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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 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, or judged not guilty, regardless of how long ago it happened.** 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 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.
- 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 makes your application incomplete, and it will not be processed.

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. 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.)	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Committed any act involving dishonesty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

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 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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**ALL APPLICANTS - READ AND SIGN THE 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 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.

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

Mail this application with your passport photo, copy of the front and back of your driver's license or government issued ID, copy of your national certification (if certified), additional required documents, and check or money order made out to the Oregon Board of Pharmacy to the address on the first page. **LICENSES CANNOT BE ISSUED UNTIL ALL ITEMS HAVE BEEN RECEIVED. Please note: the application process may be delayed for a period of months for Board review. The application may be approved or denied based on background check result(s).**

**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 September 30<sup>th</sup>.*

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 September 30<sup>th</sup>**, and **I must renew it prior to September 30<sup>th</sup>** to continue working as a Certified Oregon Pharmacy Technician.

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

2.  \*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. Note: Applications cannot be held longer than 90 days. **This option is not available until July 1<sup>st</sup>.**

**ALL FEES ARE NON-REFUNDABLE**

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.

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

Greek

Vietnamese

Greek

Turkish

Hebrew

Japanese

Cambodian

Korean

Thai

Russian

Chinese

Indian/Pakistan

Other

Please return this page with your application.

**Provision of this page is voluntary.**