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, 2020)

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. 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.
LICENSE APPLICATION

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

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.

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>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?</td>
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<tr>
<td>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.)</td>
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<td>3. Have any disciplinary actions been taken (or are any actions pending) against your health related profession license in any state or US jurisdiction?</td>
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<td>4. Have you suffered any civil judgment related to incompetence, negligence or malpractice concerning the practice of health care?</td>
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<td>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.)</td>
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<td>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?</td>
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<td>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?</td>
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</tbody>
</table>
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)
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

________________________________________________________________________

Other (Please list)
FINGERPRINTING:

**Applicant Notification and Record Challenge**: Fingerprints submitted will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification records are set forth in Title 28, CFR, 16.34.

USE OF YOUR SOCIAL SECURITY NUMBER:

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 Oregon Department of Revenue, 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.

• If you do not have a SSN Number, please provide a copy of your Passport and U.S. Visa showing you are entitled to work in the United States (i.e., H1B Visa). If you are attending school on an F1 Visa, please provide a copy of your I94 and I20 which has been signed by your Designated School Official.

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Signature: __________________________________________ Date: ________________

Printed Name: __________________________________________
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NONCRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification\(^1\) that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.\(^2\)
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.\(^3\)

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.\(^4\)

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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1 Written notification includes electronic notification, but excludes oral notification.
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 28 CFR 50.12(b).
4 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
Access by Individuals for Purpose of Review and/or Challenge

(1) All individuals desiring to review information concerning them maintained in the OSP Criminal Offender Information System or Firearm Instant Check System, or who believes that the information as maintained is inaccurate, incomplete, or maintained in violation of any state or federal statute or act, shall be entitled to review such information and obtain a copy thereof for the purpose of review, challenge or correction.

(2) Verification of such individual’s identity may only be effected through submission, in writing, of name, date of birth, and a set of rolled ink fingerprints to the Oregon State Police, Identification Services Section, 3772 Portland Road N.E., Salem, OR 97303. The request for review may be made at the Oregon State Police, Identification Services Section, 3772 Portland Road N.E., Salem, OR 97303, or through mail or postal service. The OSP may prescribe reasonable hours and places of inspection. If the request is made by mail or postal service, after positive identification by the OSP of the fingerprints submitted, copy of the record, along with the fingerprints submitted for that purpose, will be returned to the individual making the request to the address provided in the request.

(3) All data included in the Criminal Offender Information System is obtained from contributing Criminal Justice and Designated Agencies. All data included in the Firearm Instant Check System is obtained from contributing Oregon Gun Dealers as defined in 18 U.S.C. § 921. If after review of the information concerning them as maintained in such record, the individual believes that it is incomplete or incorrect in any respect and wishes changes, corrections, or updating of the alleged deficiency, they must make application directly to the contributor of the questioned information, requesting the appropriate agency or Gun Dealer to correct it in accordance with its respective administrative rules and procedures. Upon receipt of an official communication directly from the agency or Gun Dealer which contributed the original information, the OSP will make any changes necessary in accordance with the information supplied by the agency or Gun Dealer.

(4) Any individual whose record is not removed, modified, or corrected as they may request, following refusal by the agency originally contributing such information, may proceed under the provisions of Rules 30.00 to 30.80 of the Attorney General’s Model Rules of Practice and Procedures under the Administrative Procedure Act, relating to contested cases and judicial review. After conclusion of such procedure or review, any information found to be inaccurate, incomplete, or improperly maintained, shall be removed from the individual's record and the originating agency so notified with copy of the record as corrected being furnished to the challenging individual.

(5) Any Criminal Justice or Designated Agency receiving a record after such notice of contested case has been filed and prior to final determination, shall be notified by the OSP that the record is being challenged.

(6) All individuals desiring to obtain a police clearance or documentation of no record maintained in the OSP Criminal Offender Information System for purposes other than review, challenge or correction specified in (1) will be charged a fee of $33 for each request. Verification of the requesting individual’s identity shall only be effected through submission and positive identification of the person's fingerprints.

(7) All individuals desiring to obtain a set of their inked fingerprints for purposes other than review, challenge or correction specified in section (1) of this rule will be charged a fee of $20 for each fingerprint card provided, except as provided in ORS 181.556(1) & (2).

[Publications: Publications referenced are available from the agency.]

Statutes/Other Implemented: ORS 166.291, 166.412 & 181.880
History:OSP 3-2005, f. & cert. ef. 9-12-05; Reverted to OSP 1-2002, f. & cert. ef. 3-8-02; OSP 1-2005(Temp), f. & cert. ef. 3-1-05 thru 8-27-05; OSP 1-2002, f. & cert. ef. 3-8-02; OSP 3-1996, f. 5-24-96, cert. ef. 7-1-96;OSP 4-1994, f. & cert. ef. 8-2-94; OSP 4-1993, f. & cert. ef. 12-20-93; OSP 1-1992, f. 3-17-92, cert. ef. 3-18-92; OSP 1-1991, f. 5-17-91, cert. ef. 7-1-91; OSP 1-1990, f. & cert. ef. 6-4-90; DSP 4, f. 4-22-76, ef. 4-30-76; DSP 2, f. 6-14-74, ef. 7-11-74