



APPLICATION FOR LICENSURE
CERTIFIED OREGON PHARMACY TECHNICIAN
(Expires June 30, 2020)

APPLICATION & ELIGIBILITY REQUIREMENTS CHECKLIST:

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 apply for a Certified Oregon Pharmacy Technician license you will need the following*: (*see next page for detailed information regarding each step)

- Be at least 18 years of age and hold either a high school diploma or GED**
- Hold an active national certification through either PTCB or NHA**
- Complete the attached License Application and submit with all of the following:**
 - An original 2"x2" passport/visa style photograph taken within the past 6 months
 - Personal Identification – **Either** a copy of your birth certificate AND a color copy of your state issued photo ID **OR** a color copy of your signed U.S. Passport.
 - A copy of your active National Certification
 - If you have been arrested or cited for violations of the law other than simple traffic infractions such as speeding or parking tickets, **the following items are required to be submitted:**
 - o A written description of the incidents that led to each arrest/charge, and the surrounding circumstances
 - o Copies of all police reports
 - o Court documents
 - o Other related documents
 - \$141.25 Licensing Fee payable to the Oregon Board of Pharmacy by check or money order only.

***Priority processing will be given to complete applications.** All applications submitted to the Board that are not complete and processed within 90 days from applicant signature will expire. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.

Mail completed application and all required documentation to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232

Questions? Contact us:

Telephone: (971) 673-0001
www.oregon.gov/pharmacy
pharmacy.licensing@oregon.gov

Please read the following information:

1. **Complete the attached Licensure Application** and mail the application to the Oregon Board of Pharmacy along with the required documents listed below:
 - **An original 2"x2" passport/visa style photograph taken within the past 6 months.** You can obtain a photo at locations such as Walgreens, Fred Meyer/Kroger, Costco, Rite Aid, AAA, or other places that offer Passport Photo services.

- **Identification – Forms of acceptable identification are:**
 1. **A copy of your birth certificate** (issued from the vital records office in the state you were born in) **AND a color copy of the front and back of your state issued photo ID**
OR
 2. **A color copy of your signed U.S. Passport.** If you were born outside the United States, you can submit a color copy of your country passport and work visa, country passport and Employment Authorization Document (EAD), or country birth certificate and naturalization document or residency card.
- **A copy of your active National Certification through PTCB or NHA**
- **If you have been arrested or cited for violations of the law other than simple traffic infractions such as speeding or parking tickets, the following items are required to be submitted:**
 - A detailed, written description of the incidents that led to each arrest/charge, and the surrounding circumstances; this must include relevant dates, the city and state where the incidents occurred, and the outcome of any criminal charges
 - Copies of all police reports - *Contact the police agency(ies) involved for police reports*
 - Court documents which include a copy of the court judgement and sentencing order or court order of dismissal, and documents providing evidence that you have completed or are in compliance with any court-ordered activities - *Contact the court(s) involved for all court records.*
 - Other related documents
 - If the agencies involved (Police Department & Courts) do not have any record of the incident(s), you are required to obtain a document from them stating that there is no record and for what reason

Failure to provide these records with your application **will lengthen the time it takes** to process your application.

Refusal to provide these records may result in disciplinary action. The review of your documentation may lengthen the application processing time. If you have previously reported and provided the required documentation on a previous application you do not need to resubmit the documentation.

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

2. **Please enclose the \$141.25 Licensing Fee payable to the Oregon Board of Pharmacy by check or money order only.**

The license fee is \$100.00 and there is also a \$41.25 fingerprint processing fee. You may submit a single check for all fees.

- Once your application, \$100.00 licensing fee, and \$41.25 fingerprint processing fee are received, you will receive an email with the information you will need to schedule an appointment for your National Fingerprint Based Background Check.
- There is an additional \$12.50 fee that is required when you schedule your appointment to be fingerprinted at a Fieldprint facility near you. Fieldprint facilities are located in all 50 states. Your fingerprints will be electronically submitted to the Oregon State Police and the results will be sent to the Oregon Board of Pharmacy. Please allow an average of 10-15 days for the processing of your fingerprints by 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.***

Once your complete license application; fingerprint background check results; a copy of your national certification; photo; and copy of your passport **or** birth certificate and state issued photo ID have all been received and approved by the Board, your license will be issued.

3. **Oregon Revised Statutes and Administrative Rules** are accessible on our web site at: <https://www.oregon.gov/pharmacy>.

Please be aware that your license will be issued upon approval once all required paperwork and fee(s) are processed.

Certified Oregon Pharmacy Technician licenses expire June 30 of even numbered years, and renewal fees are not prorated. **Renewals are due and must be post-marked by May 31st**, which is one (1) month prior to the expiration date of your license. Renewal notices are generally mailed out mid-April.

APPLICATION FOR LICENSURE

**CERTIFIED OREGON PHARMACY
TECHNICIAN**

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland OR 97232
Pharmacy.licensing@oregon.gov



FOR BOARD USE ONLY	[0330] \$100.00
	[0351] \$ 41.25
	[0337] \$ 5.00
RECEIPT #	_____
CHECK #	_____
ENTERED BY	_____
PERSON ID #	_____
APPLICANT ID #	_____
FP INFORMATION	MAILED EMAILED HANDED
FP EXPIRATION	_____

<input type="checkbox"/> CERTIFIED OREGON PHARMACY TECHNICIAN (Renewable: Expires June 30, 2020)	\$100.00
<input type="checkbox"/> NATIONAL FINGERPRINT BACKGROUND CHECK FEE (Do not pay if fingerprints have been processed for the Oregon Board of Pharmacy in last 12 months)	\$ 41.25
<input type="checkbox"/> 2 free certified copies of my license are provided. I am request additional copies of my license at \$5.00 per sheet (2 copies per sheet).	\$5.00 x ____ = \$ ____
TOTAL ENCLOSED:	_____
Fees may be combined to one check or money order - ALL FEES NONREFUNDABLE	

Please PRINT or TYPE

WARNING: ORS 689.405 (1)(f) The furnishing of false information is grounds to deny licensure.

Full Legal Name: _____

Social Security Number: _____ Date of Birth: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone Number - Home: _____ Phone Number - Cell _____

Mailing Address (if different): _____

City, State, Zip: _____

E-mail Address (**Board Use Only- REQUIRED**): _____

E-mail Address (**Public**): _____

Employer Name: _____

Employer Address: _____

City, State, Zip: _____

Employer Phone: _____ Start Date: _____

NABP E-Profile Number: _____

REQUIRED INFORMATION – You must provide the following information:

Certification: PTCB (Pharmacy Technician Certification Board) NHA (National Healthcareer Association/ExCPT)

National Certification Number: _____ Expiration Date: _____

A high school diploma or GED is required for licensure. **Do you meet this requirement?** Yes No

Date of High school graduation or date equivalency credentials met (mm/yy): _____

Name of School or institution issuing diploma or equivalency: _____

City: _____ State: _____

PREVIOUS TRAINING/EXAMINATION RECORD: If you have received technician training, are enrolled or were previously enrolled in a pharmacy technician school, list the information below:

Name of training program or school: _____

Location _____ Dates enrolled _____ 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 _____

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, **the following items are required to be submitted:**

- ✓ A written description of the incidents that led to each arrest/charge, and the surrounding circumstances; this must include relevant dates, the city and state where the incidents occurred, and the outcome of any criminal charges
- ✓ Copies of all police reports - *Contact the police agency(ies) involved for police reports*
- ✓ Court documents which include a copy of the court judgement and sentencing order or court order of dismissal, and documents providing evidence that you have completed or are in compliance with any court-ordered activities - *Contact the court(s) involved for all court records*
- ✓ Other related documents
- ✓ If the agencies involved (Police Department & Courts) do not have any record of the incident(s), you are required to obtain a document from them stating that there is no record and for what reason

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, ineligible for processing and may result in disciplinary action.

Before answering the questions below, please review the instructions above for information to provide regarding any disclosure(s). Providing false, misleading, or incomplete information is considered falsifying an application and is grounds for denial of your application or discipline on your license.

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 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <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 are not required 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.”

Signature: _____

Date: _____

FINAL APPLICATION CHECKLIST:	
1.	Appropriate Fee Included? <input type="checkbox"/> \$100.00 license application fee <input type="checkbox"/> \$ 41.25 National Fingerprint Background Check Fee Total Fee Enclosed: _____ ALL RETURNED PAYMENTS WILL BE ASSESSED A \$35.00 RETURNED PAYMENT FEE PURSUANT TO ORS 30.701(5)
2.	Required Documentation* – an application is incomplete if all requested documentation is not provided. *Priority processing will be given to complete applications. All applications submitted to the Board that are not complete and processed within 90 days from applicant signature will be expired. Once expired, applicants who wish to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees.
A.	<input type="checkbox"/> An original 2"x2" passport/visa style photograph taken within the past 6 months
B.	<input type="checkbox"/> Personal Identification – Either a copy of your birth certificate AND a color copy of the front and back of your state issued photo ID OR a color copy of your signed U.S. Passport
C.	<input type="checkbox"/> Graduation year & name of school or institution issuing diploma or equivalent
D.	<input type="checkbox"/> Copy of your active national certification through PTCB or NHA.
E.	<input type="checkbox"/> 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: <ul style="list-style-type: none"> o A detailed written description of the incidents that led to each arrest/charge, and the surrounding circumstances; this must include relevant dates, the city and state where the incidents occurred, and the outcome of any criminal charges o Copies of all police reports - <i>Contact the police agency(ies) involved for police reports</i> o Court documents which include a copy of the court judgement and sentencing order or court order of dismissal, and documents providing evidence that you have completed or are in compliance with any court-ordered activities - <i>Contact the court(s) involved for all court records.</i> o Other related documents o If the agencies involved (Police Department & Courts) do not have any record of the incident(s), you are required to obtain a document from them stating that there is no record and for what reason *If the agencies involved (Police Department & Courthouse) do not have any record of this incident(s), you are required to obtain a document from them stating that there is no record and for what reason.
F.	If all of your answers to all moral turpitude questions are “NO,” you must hand write the Moral Turpitude Statement exactly as shown in the space provided on page 3.

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 Certified Oregon 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.

I do solemnly swear or affirm that I have personally filled in this form, and that the information provided is true and correct to the best of my knowledge. I am fully aware that falsifying an application, supplying misleading information or withholding information is grounds for denial or revocation of license.

Signature of Applicant

Date

SELECT ONE – IF NO SELECTION IS MADE, YOUR LICENSE WILL BE ISSUED UPON APPLICATION APPROVAL.

I wish to have my license issued as soon as possible. I understand I will need to renew my newly issued license and pay the renewal fee prior to June 30, 2020.

I wish to have my license issued and active on July 1, 2020 for the period of July 1, 2020-June 30, 2022

DEMOGRAPHIC INFORMATION
Provision of this Information is Voluntary

ORS 676.400 is 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:

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> White (not Hispanic) | <input type="checkbox"/> Other |

Please explain:

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non-Hispanic or Latino |
| <input type="checkbox"/> Refused to Answer | |

Bilingual:

Do you speak more than one language? Yes No

If yes, please list language(s) below:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

[] Please check here if you received an Honorable Discharge from the U.S. Military.



Applicant Record Notification

Signature Acknowledgment Form *(this page must be returned with application)*

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.

Signature: _____ Date: _____

Printed Name: _____