



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
CERTIFIED OREGON PHARMACY TECHNICIAN
BACKGROUND CHECK (valid for 12 months)

Non-Refundable Fee: \$50.00
Non-Refundable Fee: \$50.00
Non-Refundable Fee: \$40.00

FINGERPRINT BACKGROUND CHECK

The State of Oregon implemented an electronic process for obtaining fingerprints which is now accessible nationwide. Upon receipt of your application, application fee, and \$40.00 fingerprint processing fee you will receive the information you need to schedule an appointment to have your fingerprints taken. Fingerprints must be taken at a designated Fieldprint facility. Your fingerprints will then be electronically submitted to the Oregon State Police. If you provide an email address on your application, the information that you need to schedule an appointment will be emailed to you. If the email field on your application is incomplete the information will be sent via US Mail. Please note that fingerprint background checks are only valid for 12 months.

*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 take and pass a national pharmacy technician certification examination while being eligible to work in a pharmacy. Note that an applicant for licensure as a Pharmacy Technician or Certified Oregon Pharmacy Technician 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;
- Have taken and passed a national certification exam through NHA (ExCPT) or PTCB (see contact information above) and 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.*

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.*

**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 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 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



FOR BOARD USE ONLY	T [0318] \$50.00 C [0330] \$50.00 F [0352] \$40.00
PERSON ID # _____	
APPLICANT ID # _____	
RECEIPT # _____	
CHECK # _____	
ENTERED BY _____	
FP INFORMATION _____	MAILED EMAILED HANDED
FP EXPIRATION: _____	

_____ PHARMACY TECHNICIAN (Valid until the second June 30 th from the date of issue) OR _____ CERTIFIED PHARMACY TECHNICIAN (Renewable: Expires June 30 th of even years)	Non-Refundable Fee: \$50.00
_____ NATIONAL FINGERPRINT BACKGROUND CHECK FEE (Do not pay if fingerprints have been processed for the Oregon Board of Pharmacy in last 12 months)	Non-Refundable Fee: \$40.00
_____ 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 _____ = \$ _____

ONE ORIGINAL PASSPORT PHOTOGRAPH AND A COLOR COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED ID IS REQUIRED.

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:

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? b. Committed any act involving dishonesty? c. Violated any state or federal law or rule regulating the practice of a health care profession?	[] Yes [] No [] Yes [] No [] 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.

APPLICAN'TS SIGNATURE _____ DATE _____

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:

- | | |
|--|---|
| <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:

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"/> Japanese |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Greek | <input type="checkbox"/> Turkish | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | <input type="checkbox"/> Thai | <input type="checkbox"/> Russian | <input type="checkbox"/> ASL |
| <input type="checkbox"/> Indian/Pakistan | | | | _____ Other (Please list) |