

\*\*\* Submit this page with application \*\*\*

\*\*\*FOR OFFICE USE ONLY\*\*\*



Receipt #

ID #

Issue Date

License # \_\_\_\_\_

## State of Rhode Island Board of Pharmacy

Room 103  
3 Capitol Hill  
Providence, RI 02908-5097

### *Instructions and Application For*

# Licensure as a Pharmacy Technician

Check Box:  Tech I

Tech II

#### MILITARY STATUS ELIGIBILITY

*(Documentation Required)  
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

*Applicant - Print Name*

*LAST NAME*

*FIRST NAME*

*MI*

Phone: (401) 222-2837

TTY/TDD: (800) 745-5555

Fax: (401) 222-2158

## GENERAL INFORMATION

### Enclosures

The following materials and information are enclosed with this application packet:

Application Process Overview .....	3
Instructions for Completing Board Application .....	4
Application Materials:	
Board Application .....	5-8
Application Checklist .....	9
Interstate Verification Form (endorsement candidates only) .....	10

### Licensure Requirements

#### Pharmacy Technician I:

- Application Fee - \$25.00
- 1. Good moral character;
- 2. 18 years of age or older (with the exception of those high school students working in pharmacies as part of school or community sponsored career exploration programs);
- 3. High-school graduate or the equivalent, or currently enrolled in a high school or vocational training program that awards such degree or certificate;
- 4. No convictions of any felony for violations involving controlled substances (subject to waiver by the Board upon presentation of satisfactory evidence that such conviction does not impair the ability of the person to conduct with safety to the public the duties of a pharmacy technician 1 and
- 5. Currently enrolled in a Board-approved pharmacy technician training program.

#### Pharmacy Technician II:

- Application Fee - \$25.00
- 1. Requirements 1-4 listed under Pharmacy technician 1;
- 2. Successful completion of PTCB or EXCPT Certification Examination

### **Military Expedited**

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

## GENERAL INFORMATION (Continued)

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### High-School Career Exploration Programs

High school students working in pharmacies as part of school or community sponsored career exploration programs shall be exempt from the requirements of this section and shall not be required to be licensed as pharmacy technicians.

### Rules and Regulations:

To obtain the Rules and Regulations for your profession please visit:

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7058.pdf>

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Center for Professional Licensing, and the Rhode Island Board of Pharmacy (BOARD). No pharmacy technician shall work in a pharmacy in this state without being licensed with the BOARD.

### Application Process

This application is for NEW applicants. If a license has been issued in the past, do not use this form. Contact the BOARD for information on renewing the license previously issued.

### Licensure as a pharmacy technician is not required if the applicant is currently licensed as a Pharmacy Intern.

The pharmacist in charge will certify that the pharmacy technician is licensed, that the individual will receive documented on-the-job training with the duties of employment, that the applicant will only be assigned duties for which competency has been demonstrated.

All items listed on the "checklist" (page 10) must be completed for an application to be considered complete. Said license, unless sooner suspended or discontinued for due cause in accordance with section 19.0 (Grounds for Denial or Discontinuation of Registration) shall expire annually on June 30th, and shall be renewed annually.

Licenses will be issued following the Board's approval of the completed application.

Wallet-sized license cards are mailed to the address furnished in the application. It is the applicant's responsibility to notify the BOARD office, in writing, if the address changes during the interim, or at any time after the license is issued. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/Professions.pdf>

HEALTH will not, for any reason, accelerate processing of one applicant at the expense of other applicants. Once completed, the application will be reviewed. Be advised, you may be required to appear for an interview.

**NOTE:** No technician may practice until licensed by the BOARD. The license will expire on June 30th (regardless of the date issued), and a form will be mailed to renew the license for the period July 1st through June 30th. It is the technician's responsibility to maintain an active license. If a renewal is not received, the licensee is to contact the BOARD, and follow up on the status of the renewal.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of the BOARD application, please contact the BOARD at (401) 222-2837.

## INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the BOARD application. Only complete applications will be accepted. Failure to submit all required information may result in processing delays. All of the information provided is subject to change.

### General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. It is suggested that a copy be made of the completed application before submitting it to the Board.
5. Incomplete applications will be returned unprocessed.
6. It is the applicant's responsibility to check on the status of the application online at [www.health.ri.gov](http://www.health.ri.gov) under the link "Verify the license of a health professional."

### Completing your Board Application

1. Complete the Board Application (pages 5-8). Respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages MUST clearly indicate the section for which such information is being reported.
2. The registrant must complete Registrant Affidavit and Signature Page with notarization, Section 14, prior to submitting the application to the BOARD.
3. The cover page is part of the application, and must be submitted. Pages 2-4 can be removed and kept for future reference.
4. For Tech IIs - A copy of the PTCB/EXCPT wall certificate must be included.

Complete all application materials as instructed and arrange them in the order as they appear in the application checklist (page 9). Attach all documents to the BOARD application, along with the check or money order in the amount of \$25.00 (made payable to the "RI General Treasurer"), and mail to the following address:

<p>Rhode Island Department of Health Board of Pharmacy Room 103, 3 Capitol Hill Providence, RI 02908-5097</p>
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**IMPORTANT: DO NOT SUBMIT AN APPLICATION FOR A PHARMACY TECHNICIAN LICENSE IF YOU ARE ALREADY LICENSED AS A PHARMACY INTERN.**



# State of Rhode Island Board of Pharmacy

## Application for License as a Pharmacy Technician I or Pharmacy Technician II

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

### 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

### 2. Social Security Number

U.S. Social Security Number

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

### 3. Gender

Male

Female

### 4. Date of Birth

Month

Day

Year

### 5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Home Phone

State

Zip Code

Postal Code, If NOT U.S.

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

### 6. Business Address

**(Tech I's MUST list Pharmacy Name and Address)**

It is your responsibility to notify the board of all address changes.

***This address will appear on the Department of Health web site.***

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

Business Fax

**7. Preferred Mailing Address**

Please check ONE

- Please use my **Home Address** as my preferred mailing address
- Please use my **Business Address** as my preferred mailing address

**8. Qualifying Education**

Please list the name and information about the high school that you last attended.

H I G H S C H O O L

Type of School (High School, University, College, Trade/Technical School etc.)

\_\_\_\_\_

Name of School

\_\_\_\_

State

Date Graduated:

\_\_\_\_

Month

\_\_\_\_

Day

\_\_\_\_

Year

D I P L O M A

Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)

**9. Technician II Certification**

Check here if not applicable

Complete the following information if you have received certification from one of the following: a) ASHP; b) US Armed Services or US Public Health Service; c) Regionally accredited College or University Program or secondary educational program; d) PTCB or EXCPT Certification examination. If not, check the box on the left for "not applicable".

Date Issued:

\_\_\_\_

Month

\_\_\_\_

Day

\_\_\_\_

Year

CPhT No.:

\_\_\_\_\_

**10. State Licenses**

List all states in which you are now, or ever have been licensed to practice as a Pharmacy Technician.

Check here if not applicable



State:

\_\_\_\_\_

Active

Inactive

State:

\_\_\_\_\_

Active

Inactive

\_\_\_\_\_

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Active

Inactive

**DOCUMENTATION:** You must send Interstate Verification Forms to each state listed above (page 11).

**11. Pharmacist-in-Charge Affidavit**

To be signed by the pharmacist-in-charge (PIC) or supervising Pharmacist of the pharmacy. For Pharmacy Technician I ONLY

**NOTE: Your application will be returned to you if this section is not completed.**

I hereby certify that the applicant:

\_\_\_\_\_

Applicant Name

**REQUIRED**

Is a Pharmacy Technician I and will receive training as required.

Date Hired (in a Technician I capacity)

\_\_\_\_

Month

\_\_\_\_

Day

\_\_\_\_

Year

Pharmacy Name:

\_\_\_\_\_

PIC Name (Printed)

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date Signed

\_\_\_\_\_

**12. Criminal Convictions**

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes  No

Abbreviation of State and Conviction<sup>1</sup> (e.g. CA - Illegal Possession of a Controlled Substance):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**13. Disciplinary Questions**

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.



1. Are there any charges or investigations pending, in any state, against you?

Yes  No

2. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner, or have you voluntarily withdrawn while under investigation?

Yes  No

3. Have you ever had any disciplinary action(s) taken, or is any pending against your license to practice as a pharmacy technician, or any other licenses, registrations or certifications that you hold; or are any complaints pending in any state?

Yes  No

**Note:** If you answered "yes" to any of these questions you must explain below or, if needed, on a separate sheet of paper.

\_\_\_\_\_  
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**14. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Pharmacy any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as Pharmacy Technician in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Pharmacy of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

**The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.**

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary



\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)



# APPLICATION CHECKLIST

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Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

## **Board Application**

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I had Section 11, “**Pharmacist-in-Charge Affidavit**”, completed by the Pharmacist-in-Charge of the pharmacy at which I will be performing tasks as a Pharmacy Technician I.
- I have completed Section 14, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the “**RI General Treasurer**” in the amount of **\$25.00** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
  1. Fee (attached as instructed).
  2. Board Application (including cover page) (pages 5-8)
  3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Pharmacy.
- For Pharmacy Tech II, I have included a copy of my PTCB or EXCPT wall certificate.



*Substitute forms are not acceptable - This form may be duplicated as needed .*

## Rhode Island Board of Pharmacy

Room 103, Three Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2158

### INTERSTATE VERIFICATION FORM - OTHER STATES OF LICENSURE

I am applying for a license to practice as Pharmacy Technician I or Pharmacy Technician II in the State of Rhode Island. The Rhode Island Board of Pharmacy requires that the following form be completed by the jurisdiction in which I obtained a license. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Pharmacy at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

#### THIS SECTION TO BE COMPLETED BY THE PHARMACY BOARD

<b>License Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	<b>Original Date Issued:</b>	<b>Expiration Date:</b>
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**Reason for Inactive Status:**

**Questions:**

1. Has this licensed technician ever been investigated by your Board?  Yes    No
2. Has this licensed technician incurred any disciplinary proceedings in your state, or is any action pending?  Yes    No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes    No
4. Do you know of any information that may discredit this person?  Yes    No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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**Certification:**

Signature	Date	Please Affix Board Seal Here
Type or Print Name		
Title		
Full Name of Licensing Board		

*Please return directly to the Board at the above address. Thank you for your prompt cooperation.*