

D.	If applying as a new Pharmacy Technician (cont.): Obtain a current certification from: The Pharmacy Technician Certification Board (PTCB); The National Health career Association (formerly ICPT); state certifying organization approved by the Board, or complete a Board approved pharmacy technician training program.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E.	If applying as Pharmacy Technician (Grandfathering): Proof that applicant has worked as a pharmacy technician as full-time or substantially full-time for at least twenty-four (24) consecutive months immediately prior to <u>11/20/2015</u>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F..	If applying as Pharmacy Technician (Grandfathering) (cont.): A letter from a licensed pharmacist or pharmacists who has supervised the applicant for at least 6 months immediately prior to <u>11/20/2015</u> attesting the applicant has competently performed the functions of a pharmacy technician	YES <input type="checkbox"/>	NO <input type="checkbox"/>
G..	If applying as Pharmacy Technician by reciprocity: Proof of current licensure, registration, or certification, in good standing to practice as a pharmacy technician in another state	YES <input type="checkbox"/>	NO <input type="checkbox"/>
H.	If applying as Pharmacy Technician by reciprocity: Verification from each state in which the applicant holds or has ever held a pharmacy technician registration, that the registration is current and in good standing, or if the registration is no longer active, that it was in good standing immediately prior to its expiration. The registration verification form must be sent directly to the Board, by the verifying board	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I.	If applying as Pharmacy Technician Trainee: Document showing enrollment in Board-approved pharmacy technician training program or employed as pharmacy technician trainee	YES <input type="checkbox"/>	NO <input type="checkbox"/>
J.	If applying as Pharmacy Technician Trainee: Letter from pharmacist showing that a Pharmacy Technician Trainee shall perform duties that commensurate with the training and experience he or she has received	YES <input type="checkbox"/>	NO <input type="checkbox"/>
K	If an applicant does not have a social security number , then the applicant must submit a sworn affidavit, under penalty of perjury, stating that he or she does not have a social security number	YES <input type="checkbox"/>	NO <input type="checkbox"/>
L.	If an applicant does not have a social security number , then the applicant must submit proof acceptable to the Board that he or she is legally authorized to be in the United States, such as a Certificate of Citizenship or Naturalization, Resident Alien Card, a valid foreign passport with a visa, or a work permit card from the Department of Homeland Security (I-766 or I-688B)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
M.	If applicant's name has changed at any point since first attendance of high school, college or university, then the applicant must also provide a copy of legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders	YES <input type="checkbox"/>	NO <input type="checkbox"/>
N.	Each new applicant shall obtain a criminal background check	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 4: PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

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Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX
(Jr, Sr, etc.)

SECTION 5A: HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

APARTMENT SUITE FLOOR PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

HOME PHONE NUMBER HOME FAX NUMBER

SECTION 5B: WORK ADDRESS

Please note: This information will be made available to the public.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY STATE ZIP CODE

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

SECTION 5C: PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

HOME BUSINESS

SECTION 6A: SCHOOLS/COLLEGES ATTENDED

List all schools that you have attended, in reverse chronological order, beginning with the most recent at the top.

School Name, City, State, Country	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

Section 6C: LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from original and current jurisdictions (if different).

Jurisdiction	Date License Was First Obtained	License Number

SECTION 7: QUESTIONS – APPLICANTS MUST ANSWER ALL OF THE FOLLOWING QUESTIONS.

Please answer all of the following questions by placing an “X” in the appropriate boxes. If you answer “Yes” to questions B through K below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this application.

HPLA ONLY

A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER “YES” TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:
 Yes No

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES NO

B.	Have you ever been arrested or convicted of a crime or misdemeanor (other than minor traffic violations)?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
C.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

