**District of Columbia Department of Health** 

Health Regulation and Licensing Administration

**Board of Pharmacy** 

## PHARMACY TECHNICIAN APPLICATION BOARD OF PHARMACY

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at **1-877-672-2174**, Monday through Friday, 8:15 AM to 4:40 PM EST. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1: REQUESTED LICENSE TYPE/FEES				
<ul> <li>PT – Pharmacy Technician</li> <li>PT – Pharmacy Technician (Grandfathering)</li> <li>PT – Pharmacy Technician by Reciprocity</li> <li>PTT Pharmacy Technician Trainee (No Fee)</li> </ul>	\$50.00 \$50.00 \$50.00	Make check or money order payable to <u>DC</u> <u>Treasurer</u> <b>MAIL TO:</b> Department of Health Health Regulation and Licensing Administration Board of Pharmacy		
Total Enclosed	\$00	P.O. Box 37803 Washington, DC 20013		
All applicants are required to undergo a Criminal Background Check				
Criminal Background Check: For payment and to schedule an appointment, call 1-87 the following webpage: http://www.l1enrollment.com/	7-783-4187 or use	HPLA ONLY		
the following hospage. <u>http://www.followinethoom/</u>		Checks \$	Check #	Staff
		\$00		
SECTION 2: APPLICANT NAME/DEMOGRAPHIC INFORMATION         Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 3. You must also 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.         Image: Superior Content of the section of the sectin of the section of the section of the section of the section of				
SOCIAL SECURITY NUMBER If applicant does not provide a social security number, a sworn affidavit is required.				
PLACE OF BIRTH Provide City and State for US birthplace or Country for foreign place of birth.		Male Female GENDER Please check the correct box.		
SECTION 3: SUPPORTING DOCUMENTS REQUIRED				
Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Pharmacy. Keep a ONLY				
the top of the forehead to the bottom of the chin with applicant's name printed photos and cannot be computer-generated copies or paper copies.	Two recent and identical passport-type photos of the applicant's face (approx. 2"X2"), which clearly expose the area from the top of the forehead to the bottom of the chin with applicant's name printed on the back. The photos must be original			
B. One (1) clear photocopy of a U.S. government-issued photo ID, such as drive least 17 years old	river's license, as proof of identity and age of at YES NO			
If applying as a new Pharmacy Technician: Must submit a copy of high school diploma or its equivalent, or has passed     A Board approved examination that proves that he or she has achieved competency in the educational skills required to     perform the function of a pharmacy technician.				





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 NO	
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 NO	
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 NO	
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 NO	
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 NO	
l.	If applying as Pharmacy Technician Trainee: Document showing enrollment in Board-approved pharmacy technician training program or employed as pharmacy technician trainee	YES NO	
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 NO	
К	If an applicant <b>does not have a social security number</b> , 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 NO	
L.	If an applicant <b>does not have a social security number</b> , 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 NO	
M.	If applicant's <b>name has changed</b> 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 NO	
N.	Each new applicant shall obtain a criminal background check	YES NO	

## **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
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.) 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.
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)
STATE         ZIP CODE + 4
SECTION 5B: WORK ADDRESS
Please note: This information will be made available to the public.
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)
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	Degr	Type of ee/Certificate
	ion 6C: LICENSES IN OTHER STATES/JURISDICTION				
List all state	es and jurisdictions in which you have ever held a license. Provide letters of Jurisdiction	s of verification from original and current jurisdictions (if different).           Date License Was         License Number			/
		First Obtained			-
SECTIO	N 7: QUESTIONS – APPLICANTS MUST ANSWER ALL (	OF THE FOLLOWING Q	UESTIONS.		
bel	ase answer all of the following questions by placing an "X" in the appropr ow, you must provide full information and complete details <b>on a separa</b> <b>cuments</b> , and attach to this application.	iate boxes. If you answer "Yes te sheet of paper, including	" to questions B tl copies of releva	nrough K nt court	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 <b>any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit</b> 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 DENEED.			lollars	YES NO	
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					
<ol> <li>Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);</li> <li>Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);</li> <li>Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);</li> <li>Past due taxes;</li> <li>Past due District of Columbia Water and Sewer Authority service fees; or</li> </ol>					
	6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 2	23 (Traffic Adjudication)?			
The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i> , effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).					
В.	Have you ever been arrested or convicted of a crime or misdemeanor (or	ther than minor traffic violation	s)? YE	S NO	
C.	Have you ever voluntarily surrendered a license after formal charges under investigation?	have been filed against you o	or while YE	S NO	
D.	Have you ever been party to a malpractice action or had a malpractice a	ction brought against you?	YE	S NO	
E.	Do you have a physical or medical condition that currently impairs your a	ability to practice your profession	n? YE	S NO	

F.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?		
G.	Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession?	YES NO	
H.	Has any authority taken adverse action against your license?	YES NO	
Ι.	Are you currently under investigation or were you investigated by any authority for any violation of state, federal, or local law?	YES NO	
J.	Has any authority informed you of any pending charges(s) or investigation not previously reported to this Board?	YES NO	
K.	Have you ever been terminated or asked to resign from employment since obtaining your license?	YES NO	
SECTIO	N 8: REGISTRANT AFFIDAVIT		
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties			

**REGISTRANT SIGNATURE** 

**NAME (Please Print)** 

DATE

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.