

PHARMACY TECHNICIAN REGISTRATION APPLICATION INSTRUCTIONS

This application should be completed by applicants who want to become Maryland Registered Pharmacy Technicians in accordance with Maryland Health Occupation (HO) laws §12-6B-01 – 14.

- Complete the attached Maryland Board of Pharmacy's **Application for Pharmacy Technician Registration**.
- Submit the completed application with all attachments and a check or money order made payable to the Maryland Board of Pharmacy in the amount of \$ **45.00** to: Maryland Board of Pharmacy, 4201 Patterson Avenue, Baltimore, MD 21215.

NOTE: Your application will be good for one year from the date received by the Board. If you wish to obtain a registration and have not met all criteria within one year, you must resubmit an application and the applicable fees.

- Request a State of Maryland Criminal History Record Report from the Criminal Justice Information System ("CJIS") and provide the report to the Board.

NOTE: Your application will not be processed until the Board receives your completed CJIS report. Please review the in-depth CJIS instructions located on the Board's website at <http://www.dhmh.maryland.gov/pharmacy> by clicking on the "Technician" tab and opening the Word document under general information.

- **Nationally Certified Applicants** must submit evidence of current certification by a national pharmacy technician certification program (legible true photocopy of the certificate).
- **Non-Nationally Certified Applicants** must submit evidence of completion of a Board-approved pharmacy technician training program that include 160 hours of work experience (including the signature of the registrar, pharmacy trainer, and/or pharmacy manager) and evidence of having passed a Board-approved technician examination (legible photocopy of documentation showing program completion and a passing score).
- **Reciprocity Applicants** must submit evidence of registration in another state under requirements similar to the registration requirements in Maryland (legible true photocopy of state registration) and a letter of good standing from the state Board in the state(s) of current registration. If your state does not require registration/licensure of pharmacy technicians with the board of pharmacy, you must submit a Pharmacy Work Experience Affidavit (Attachment 1) completed by the pharmacist under whom you worked as a pharmacy technician for at least six months preceding the pharmacy technician application date to the Maryland Board of Pharmacy.
- **All applicants** must be currently enrolled in high school, be a high school graduate, or have a GED.
- If you are interested in volunteering for the Emergency Preparedness Task Force, please visit <http://dhmh.maryland.gov/pharmacy/SitePages/emergency-preparedness-information.aspx> for more information and/or email MDresponds.dhmh@maryland.gov to register.

NOTE: Please allow four to six weeks for processing of your application.

NOTE: The application fee is a non-refundable, administrative fee.



APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION

Place a recent photograph in this space

Attach a photograph showing your face, with a three quarter view. The photograph **must be recent and in good condition.**

For Board use only

Fee Paid \$ _____
 Date Licensed _____
 License No. _____

I certify that this is a recent photograph of me.

_____ (Sign Here)

- Please print clearly or type in upper case letters only.
- Complete all application sections and sign. **Incomplete forms will delay the issuance of your registration.**

VETERANS AND SPOUSAL PREFERENCE			
1.	Are you an active service member of the spouse or an active service member?	Yes	No
2.	Are you a veteran or the spouse of a veteran who was discharged from active duty under a circumstance other than dishonorable within one (1) year of filing this application?	Yes	No

1. IDENTIFICATION

First Name	Middle/Maiden Name	Last Name	Application Date
Street Address		City	State Zip
Home Phone ()	Work Phone ()	Ext.	Cell Phone ()
Social Security Number	Birth Date	Place of Birth	Email Address

2. EMPLOYMENT INFORMATION

Employer Name	Date of Hire	Address	City, State
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3. CERTIFICATION OR TRAINING INFORMATION

Name of National Certification Program	Certification Number	Date of Certification	Expiration Date
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Is your certification in good standing? YES NO

If no, please provide an explanation: _____

OR

Name of Board-Approved Training Program	Supervisor and Title	Date of Completion
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Did you pass an examination approved by the Board? YES NO

Did you complete 160 hours of work experience as required by Maryland law? YES NO

Signature _____ Title _____ Date _____
 (Permit holder or designee)

4. EDUCATION INFORMATION

Name of High School	Have you graduated or received your GED? YES NO	Date of graduation/GED	
Street Address	City	State	Zip

Are you currently enrolled in high school? YES NO

If so, please submit evidence that you are a student in good standing

Expected date of graduation: _____

5. REGISTRATION HISTORY (For Reciprocity applicants: If your state does not require Pharmacy Technician Registration, please complete Attachment 1)

Have you applied for registration/licensure in any other state? **YES** **NO**

If yes, disclose all states, dates of application, and results. Attach additional sheets if necessary.

Name of State	Date	License Issued? YES NO
Date Licensed	License Number	In Good Standing? YES NO

Name of State	Date	License Issued? YES NO
Date Licensed	License Number	In Good Standing? YES NO

6. PERSONAL ATTESTATION QUESTIONS

Please read this section carefully and answer the following questions related to your practice as a pharmacy technician. If you answer “yes” to any question, please provide a detailed explanation (attach additional pages if necessary) and supporting documentation. Failure to provide complete and correct information may result in delay, or denial, of your application for registration.

1. Has any state licensing or disciplinary board (including Maryland) or any similar agency in the Armed Forces, denied your application for a registration, reinstatement or renewal, or taken any formal disciplinary action against any registration or license held by you? Such actions include, but are not limited to, reprimand, suspension, or revocation.	YES	NO
2. Has any state licensing or disciplinary board (including Maryland) or similar agency in the Armed Forces filed any complaints or charges against you or investigated you for any reason?	YES	NO
3. Have you surrendered or failed to renew a healthcare registration or license in any state?	YES	NO
4. Have you ever withdrawn your application for a technician registration or other health professional license?	YES	NO
5. Has your employment by any pharmacy, clinic, healthcare practice, or wholesale drug distributor been terminated for disciplinary reasons?	YES	NO
6. Have you committed a criminal act for which you pled guilty or nolo contendere (see definition below), or for which you were convicted or received probation before judgment?	YES	NO
7. Excluding minor traffic violations are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?	YES	NO
8. Have you committed an offense involving alcohol or controlled substances to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgment?	YES	NO
9. Do you have a physical or mental condition that may impair your ability to practice as a pharmacy technician?	YES	NO
10. Has your ability to practice as a pharmacy technician been affected by the use of any type of drug or alcohol?	YES	NO

**** Nolo contendere- A plea in a criminal case which has a similar legal effect as pleading guilty. The defendant does not admit or deny the charges, but a fine or sentence may be imposed based on this plea.**

I affirm that the information I have given in answer to these questions is true and correct to the best of my knowledge and belief. I have read the Maryland Pharmacy Act, Section 12-101 *et seq.*, Health Occupations Article, Annotated Code of Maryland, and Board regulations, COMAR 10.34.01 *et seq.*, and if licensed, I agree to practice pharmacy in accordance with laws of Maryland

Signature: _____

Date: _____

7. STATE CRIMINAL HISTORY RECORDS CHECK

I, _____, affirm that I submitted a request for a State Criminal History Records Check on _____.
(date)

Applicant's Signature

Date

8. APPLICATION CHECKLIST

Application Fee	YES	NO
Recent Photograph	YES	NO
Proof of National Certification (if applicable)	YES	NO
Proof of Passing Board-Approved Examination (if applicable)	YES	NO
Proof of State Registration and Good Standing (if applicable)	YES	NO
Birth Certificate or Other Proof of Birth Date	YES	NO
CJIS Report or Proof of CJIS Report Request	YES	NO

VOLUNTARY EQUAL OPPORTUNITY INFORMATION

To further its commitment to equal opportunity, the Board of Pharmacy requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel.

Sex: Male Female

Race: Are you of Hispanic or Latino origin? **YES** **NO**
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

If you are not of Hispanic or Latino origin, select one or more of the following racial categories:

1.	American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2.	Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3.	Black or African American (A person having origins in any of the black racial groups of Africa.)
4.	Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5.	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

APPLICATION FOR PHARMACY TECHNICIAN RECIPROCITY CANDIDATES

PHARMACY TECHNICIAN WORK EXPERIENCE AFFIDAVIT ATTACHMENT 1

The pharmacy manager/supervisor/owner of the pharmacy where the pharmacy technician applicant worked as a pharmacy technician must complete this page. **The time period noted in this affidavit must include at least six months experience as a Pharmacy Technician.**

I certify that _____
Name of Pharmacy Technician

worked at the Pharmacy Practice Location _____

from _____ to _____

a total of _____ hours in the role of a pharmacy technician.

Print Name _____

Print State Pharmacist License Number and Expiration Date _____

Print Title _____

Print Address of Pharmacy _____

Print Telephone Number of Pharmacy _____

Today's Date: _____

I, _____, do solemnly swear or affirm, under the penalties of
(Supervising Pharmacist)
perjury, that I have personally completed this form to the best of my knowledge and belief, that I understand that perjury on this form will constitute grounds for revoking any registration issued which uses this form as a supporting document.

State of _____; County or City of _____

SIGNATURE: _____

A.D., 20____

IMPORTANT NOTICE: This affidavit must be notarized and submitted with application where appropriate.