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Issue Date

License # _____

State of Rhode Island Board of Pharmacy

Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

Licensure as a Pharmacy Technician

Check Box: Tech I

Tech II

Applicant - Print Name (First/MI/Last)

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

GENERAL INFORMATION (Continued)

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 visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professions Regulation, 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

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 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:

Rhode Island Department of Health Board of Pharmacy Room 205, 3 Capitol Hill Providence, RI 02908-5097

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

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 Seal

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

APPLICATION CHECKLIST

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 205, 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

License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:
Reason for Inactive Status:		
Questions:		
1. Has this licensed technician ever been investigated by your Board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has this licensed technician incurred any disciplinary proceedings in your state, or is any action pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you know of any information that may discredit this person?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.). <hr/> <hr/> <hr/>		
Certification:		
Signature	Date	
Type or Print Name	Please Affix Board Seal Here	
Title		
Full Name of Licensing Board		

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