

WEST VIRGINIA BOARD OF PHARMACY

2310 Kanawha Blvd. East

CHARLESTON, WEST VIRGINIA 25311

PHONE: 304-558-0558 FAX: 304-558-0572

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

FEE: \$25.00 Made payable to the Board by check or money order only.

**PROOF FROM PHARMACY TECHNICIAN CERTIFICATION BOARD VERIFYING CERTIFICATION
MUST BE INCLUDED WITH APPLICATION**

PLEASE PRINT:

SECTION I

Date: _____ Sex: M ___ F ___ Birthday: _____

Name: _____

Street or Box _____ City _____ State _____

Zip Code: _____ Social Security No. (required) _____-_____-_____

Phone Number: _____ Email: _____

Graduate of: _____ High School Year: _____

City: _____ State _____ Zip: _____

GENERAL EDUCATION DEVELOPMENT (GED) Certificate Issued by Board of Education In:

County: _____ State: _____ Year: _____

Have you ever had a license, registration, or permit to practice pharmacy as a pharmacist, pharmacy technician, or intern, or had any application for one denied? Yes No

If yes, has that license, registration, or permit ever been denied, revoked, suspended, or restricted for disciplinary purposes? Yes No

If yes to the above question, you must attach a detailed statement, including description of action taken.

Except for minor violations of traffic laws not punishable by jail or incarceration, or arrests or convictions that have been expunged by a court, have you ever been convicted of, pled guilty to, or entered a nolo contendere/no contest plea to any misdemeanor or felony offense? (Note: this includes a DUI, Reckless Driving, and other jailable traffic offenses.) Yes No

If yes, when was that conviction entered? Month/Date/Year _____/_____/_____

If yes to the above question, you must attach a detailed statement, including description of action taken.

SECTION II

I certify that I have either:

A) Graduated from a competency-based pharmacy technician education and training program of a learning institution or training center as approved by legislative rule of the board; or

B) Completed a 960 hour pharmacy provided, on-the-job, competency-based education and training program approved by the board.

If you selected choice (A), please complete Sections III, IV, VI and VII.

If you selected choice (B), please complete Sections V, VI and VII.

I certify that the information provided herein is true and accurate to the best of my knowledge, and that I am not an abuser of alcohol or drugs. _____

Applicant's Signature

SECTION III (To be completed by Pharmacy Technician learning institution)

I certify that the applicant, _____, has adequately completed the competency-based pharmacy technician education and training program of this learning institution or training center.

Learning Institution or Training Center Name: _____

Authorized Signature: _____ Date: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20____.

Signature: _____ Seal:

Notary Public

SECTION IV (To be completed by the Pharmacist-In-Charge of employer-pharmacy)

I certify that _____, has adequately completed the required 20 hour training program as outlined in West Virginia Code of State Rules §15-7-3.1(a)(3) and 3.2.

Pharmacist-in-Charge Name (Print): _____

Pharmacist-in-Charge Signature: _____ RP000 _____

Name of Pharmacy: _____ Phone # _____

Address of Pharmacy: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20____.

Signature: _____ Seal:

Notary Public

SECTION V (To be completed by the Pharmacist-In-Charge of employer-pharmacy)

I certify that _____, has adequately completed the required 960-hour training program as outlined in West Virginia Code of State Rules §15-7-4.

Pharmacist-in-Charge Name (Print): _____

Pharmacist-in-Charge Signature: _____ RP000 _____

Name of Pharmacy: _____ Phone # _____

Address of Pharmacy: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20_____.

Signature: _____ Seal: _____

Notary Public

SECTION VI

I certify that I am nationally certified by (a) the Pharmacy Technician Certification Board, Certificate #: _____: or The National Health Association (EXCPT), Certificate #: _____

Pharmacy Technician Signature: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20_____.

Signature: _____

Notary Public

PROOF FROM PHARMACY TECHNICIAN CERTIFICATION BOARD VERIFYING CERTIFICATION MUST BE INCLUDED WITH APPLICATION (COPY OF CERTIFICATE)

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE OR REGISTRATION.

SECTION VII

Applications will not be processed if SECTION VII is not completed

Per Rule §§ 15-7-3 and 15-7-4.3 Applicants whose home state is West Virginia must request a state and national electronic fingerprint-based criminal history record check through the West Virginia State Police process with the results being released to the Board. Please visit the L1 (WVSP's agent) website at www.identogo.com or contact L1 at 1-855-766-7746 to complete the background check. You are responsible for any fees and costs. Applicants whose home state is not West Virginia must contact their state or local law enforcement and inquire about procedures to obtain the required electronic fingerprint background check with the results being released to the West Virginia Board of Pharmacy. Background checks must be completed prior to applying for licensure through the West Virginia Board of Pharmacy. If West Virginia is your home state, a 12 digit TCN number will be assigned to the applicant at completion of fingerprinting appointment. This 12 digit TCN number must be provided below to the West Virginia Board of Pharmacy as proof of completion. Background check results are valid for 12 months.

Have you previously acquired a background for the purpose of a pharmacy technician trainee application through the WV Board of Pharmacy? ___Yes___No If so, date background check was completed (only valid 12 months): _____

APPLICANTS 12 Digit TCN number (REQUIRED) _____

NONRESIDENT APPLICANTS: Have you completed a fingerprint background check in your home state with the results being released directly to the West Virginia Board of Pharmacy? (REQUIRED) ___Yes___No State: _____ Date: _____

For West Virginia Board of Pharmacy Use Only:	
Background Check	___Yes; ___No
Date Completed	_____
No History,	___ Passed
Prior History,	___ To Be Reviewed
Per Review,	___Accept; ___Reject