

West Virginia Board of Pharmacy

2310 Kanawha Blvd. East

Charleston, WV 25311

Phone: 304-558-0558

REGISTERED PHARMACY TECHNICIAN REINSTATEMENT APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Mobile #: _____ Work #: _____

Email Address: _____

Date of Birth: _____ Social Security Number: _____

Place of Employment: _____

Employment Address: _____

West Virginia Pharmacy Technician License #: _____

Date original West Virginia pharmacy technician registration was issued: _____

Are you licensed with the Pharmacy Technician Certification Board (PTCB)? Yes ___ No ___

Are you licensed with the National Career Association (ExCPT)? Yes ___ No ___

In what year, did you fail to renew your pharmacy technician registration? _____

State WHY you allowed your registration to become inactive: _____

State occupation you have been engaged in since the day your registration became inactive: _____

If you are presently engaged in the practice of pharmacy, list all such places, practices and address of employment and the exact duties performed and list any states in which you hold a current, valid license. Use separate sheet, if necessary.

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON APPLICANT

I have not been convicted, fined, disciplined or had any license revoked for drug addiction, or violation of pharmacy, liquor or drug laws, nor am I presently charged with such violations. I have not been convicted of any felony, nor am I presently charged with the commission of a felony. I hereby authorize the West Virginia Board of Pharmacy to obtain a certified criminal record check on myself.

If you are presently charged with or have been previously convicted of any such violation, explain in detail. If your license has been suspended or revoked for other than non-payment of fees, explain fully. Use a separate sheet, if necessary.

The Board took up a review of the reinstatement process for Pharmacy Technicians, including any testing and reinstatement fees. Motion was made that, so long as the registrant has been expired for less than one year, then they may reinstate by making proper application for reinstatement and renewal on the Board's forms, pay the reinstatement fee and the application fee. No appearance or testing would be required. If they have been expired for more than one year, then they must complete the full process for reinstatement except that no appearance before the Board will be required.

REMIT THIS COMPLETED APPLICATION WITH THE APPLICATION FEE OF \$50.00 PLUS RENEWAL FEE OF \$30.00 FOR A TOTAL OF \$80.00. COPY OF NATIONAL CERTIFICATION MUST BE ATTACHED IF YOUR REGISTRATION HAS BEEN EXPIRED FOR OVER 1 YEAR OR YOU WERE INITIALLY REGISTERED AS A PHARMACY TECHNICIAN ON OR AFTER JULY 1, 2014.

Signature of Applicant

Date