

MONTANA BOARD OF PHARMACY
(301 S PARK, 4TH FLOOR, HELENA, MT 59601 - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2300 FAX (406) 841-2344
E-MAIL: dlibsdp@mt.gov WEBSITE: www.pharmacy.mt.gov

PHARMACY TECHNICIAN UTILIZATION PLAN

LICENSE REQUIREMENTS 24.174.712 ARM; and 37-7-307, 37-7-308 and 37-7-309, MCA:

- ◆ An application on a form prescribed by the Board and the appropriate fee
- ◆ Summary of the utilization plan, to include information showing compliance with all requirements set forth in these rules, plus all other requirements of 37-7-307, 37-7-308, and 37-7-309 MCA
- ◆ Name and qualifications of the supervising pharmacist(s)
- ◆ Any number of registered pharmacists employed in the same pharmacy may sign as supervising pharmacist of a pharmacy technician on a single utilization plan submitted for approval to the Board by that pharmacy
- ◆ Summary of the tasks delegated by the pharmacist and the methods by which a supervising pharmacist may verify and document the tasks. "Verify" means the personal confirmation by a supervising pharmacist of the correctness of the tasks undertaken by the pharmacy technician.
- ◆ A registered pharmacist in good standing may supervise the services of no more than three technicians at any time. The 1:3 pharmacist to pharmacy technician ratio may be revised by the Board at any time for good cause.

FEES: \$75 (Non-Refundable)–Application Fee

****Make check or money order payable to the Montana Board of Pharmacy****

DOCUMENTS:

The following documents must be submitted to the Board office in order to complete your license application. Please make 8 ½" x 11" copies of the following and submit with your application:

- ◆ Copy of the Technician Utilization Plan

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by Board staff for approval. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 5 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.

ADDITIONAL STATUTE AND RULE INFORMATION:

- ◆ The supervising pharmacist shall make the utilization plan available for inspection by the Board during the normal business hours of the pharmacy
- ◆ The pharmacy technician shall make their training record available for inspection by the Board during the normal business hours of the pharmacy
- ◆ Any changes in the utilization plan, including technician training, must be resubmitted to the Board for approval before implementation of the changes by the supervising pharmacist

For information with regard to the processing of this application or other concerns please contact the Board of Pharmacy staff email at dlibspha@mt.gov or visit the website at: pharmacy.mt.gov

MONTANA BOARD OF PHARMACY
(301 SOUTH PARK, 4TH FLOOR, HELENA, MT 59601 - Delivery)
P. O. Box 200513
Helena, Montana 59620-0513
PHONE (406) 841-2300 FAX (406) 841-2344
E-MAIL: dlibsdpaha@mt.gov
WEBSITE: pharmacy.mt.gov

Pharmacy Technician Utilization Plan

PHARMACY NAME _____ LICENSE # _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

ATTACH A COPY OF THE PHARMACY'S TECHNICIAN UTILIZATION PLAN

SUPERVISING PHARMACIST(S)

Name: _____ MT License # _____

Name: _____ MT License # _____

Name: _____ MT License # _____

Name: _____ MT License # _____

Name: _____ MT License # _____

PHARMACY TECHNICIAN(S) EMPLOYED IN THE PHARMACY

Name: _____ MT License # _____

Name: _____ MT License # _____

Name: _____ MT License # _____

Name: _____ MT License # _____

Name: _____ MT License # _____

I (we) do solemnly swear and affirm that I (we) have read and understood the Montana Pharmacy Technician Utilization Plan statutes and rules and that all statements made in this application for approval are true and correct in all respects.

SIGNATURE(S) OF SUPERVISING PHARMACIST(S)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

You must submit any amendments to this plan to the Montana Board of Pharmacy office in writing within 10 days of the changes.

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Pharmacy. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature _____ Date _____