

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: dlibsdpba@mt.gov WEBSITE: www.pharmacy.mt.gov

APPLICATION FOR: CERTIFIED PHARMACY TECHNICIAN

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application)

TECHNICIANS NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA REGISTRATION

REGISTRATION REQUIREMENTS: 24.174.701-702 PHARMACY TECHNICIANS:

- ◆ Submit application on a form prescribed by the Board and pay application fees.
- ◆ Submit proof of certification by the Pharmacy Technician Certification Board (PTCB) or Exam for the Certification of Pharmacy Technicians (ExCPT) or other board approved certifying entity
- ◆ Must be at least 18 years of age.
- ◆ A high school graduate or have attained an equivalent degree.
- ◆ Of good moral character.
- ◆ No pharmacist whose license has been denied, revoked, suspended, or restricted for disciplinary purposes shall be eligible to be registered as a pharmacy technician.

FEE: \$35.00 (Non-Refundable) – Application Fee for Certified Pharmacy Technician

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

PHOTO: Attach photo to page 3 of the application. Passport size is preferable.

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 High School Diploma or equivalency certificate
- ◆ Copy of birth certificate/drivers license
- ◆ Copy of current PTCB certificate

ADDITIONAL FORMS TO BE SUBMITTED FOR AN APPLICATION TO BE COMPLETE

- ◆ **Character References:** Three character references that have knowledge of your ability to practice as a pharmacy technician or technician-in-training. One must be from a registered pharmacist. Questionnaires should be returned to the board office and not to the applicant. Technicians-in-Training are required to submit character reference forms before the end of the 18 month period.
- ◆ **State Licensing Verification form:** This form must be sent to all state boards in which you hold or ever held a professional/occupational license. The completed verification must be returned directly to the Montana State Board of Pharmacy.
- ◆ **PTCB Examination:** Information about applying for PTCB certification and scheduling an exam is available at www.ptcb.org. The Web site also includes information regarding the Candidate Guide Book, exam preparation, and PTCB continuing education requirements.
- ◆ **ExCPT Examination:** Information about ExCPT certification and scheduling an exam is available from the National Health Career Association at: www.nhanow.com/certifications/pharmacy-technician. The Web site also includes information exam preparation, and ExCPT continuing education requirements.

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by Board staff for registration. 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 registration 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 30 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.
- ◆ Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.
- ◆ Once a routine application is processed and approved a registration will be issued.

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

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF PHARMACY TECHNICIANS AT www.pharmacy.mt.gov.

14. Have you ever had an application for professional or occupation license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
15. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attached a detailed explanation and provide supporting documentation from the source. Yes No
16. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attached a detailed explanation and provide supporting documentation from the source. Yes No
17. Have you ever withdrawn or been suspended, placed on probation, expelled or required to resign from any postsecondary education program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
18. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise (i.e., residency, internship, apprenticeship, etc.)? If yes, please attached a detailed explanation and provide supporting documentation from the source. Yes No
19. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documentation including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
20. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attached a detailed explanation and provide supporting documentation from the source. Yes No
21. Is there a pending complaint or investigation against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
22. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
23. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession of occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No
24. Have you ever been subject of any sanction or action, denial, suspension, revocation, restriction, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attached a detailed explanation and provide documentation from the source. Yes No
25. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example, Drug Enforcement Administration; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attached a detailed explanation and provide documentation from the source. Yes No
26. Have any civil legal proceedings been filed against you by a patient/client, former patient/client, or employer/employee? If yes, please attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No
27. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a Yes No

detailed explanation of the events AND the charging documents and final judgements or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.

28. Have you ever been diagnosed with chemical dependency or another addiction or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and recommendations and monitoring from the source. Yes No
29. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation Yes No
30. Have you ever been court-martialed or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No

31. CHARACTER REFERENCES

Please type or print names and addresses of three references, **one reference** which is a professional reference from a licensed pharmacist and **two references** from persons with knowledge of the applicant within the past two years. (References cannot be relatives)

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

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 of Applicant

Date

