



Montana Board of Pharmacy

PO Box 200513

301 S Park, 4th Floor

Helena, MT 59620-0512

Phone: 406-444-6880

Fax: 406-841-2305

Email: dlibsdhel@mt.gov Website: www.pharmacy.mt.gov

Licensing Requirements and Application Checklist

CERTIFIED PHARMACY TECHNICIAN AND TECHNICIAN-IN-TRAINING

REVISED SEPTEMBER 2019 FOR FINAL RULE AMENDING [ARM 24.174.701](#)

License Requirements for Certified Pharmacy Technician and Technician-in-Training

Below are the minimum requirements that must meet in to be licensed in the state of Montana.

Licensing Requirements: MCA [37-7-101\(45\)](#), MCA [37-7-201](#), MCA [37-7-301](#), and
ARM [24.174.701](#) (as amended), ARM [24.174.703](#) (as amended)

Certified Pharmacy Technician

1. At least 18 years of age.
2. A high school graduate or have attained an equivalent degree.
3. Be of good moral character.
4. Certified by a Board approved pharmacy technician certifying entity:
 - a. Pharmacy Technician Certification Board (PTCB),
 - b. Exam for the Certification of Pharmacy Technicians (ExCPT), or
 - c. Other board approved certifying entity.
5. **Current certification must be maintained with the certifying entity throughout licensure.**
6. No pharmacist whose license has been denied, revoked, suspended, or restricted for disciplinary purposes shall be eligible to be registered as a pharmacy technician.

Technician-in-Training – [Final Rule, MAR Notice No. 24-174-71](#), effective September 21, 2019

1. **License is only issued once, is **valid for 12 months**, and serves a temporary certified pharmacy technician license in which all the above certified pharmacy technician requirements must be met except for certification.**
2. Provide the name, address, and pharmacy license number (issued by the Board of Pharmacy) where the technician-in-training will be working.
 - a. A change in employment requires submission of updated employment information within 30 working days of the change.
3. Submit proof of pharmacy technician certification within 12 months of licensure for the technician-in-training license to be transitioned to a certified pharmacy technician license.
4. If requirements are not met within 12 months of licensure, a new certified pharmacy technician application, fee, and proof of certification, must be submitted.

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.pharmacy.mt.gov.

Checklist of Required Documents to Submit for Application for Certified Pharmacy Technician and Technician-in-Training

The following documents and additional forms are required in addition to the basic application. Some documents may be submitted directly by the applicant as part of the application. Others, such as transcripts, may need to be sent to the board directly from the source.

Certified Pharmacy Technician and Technician-in-Training

- ☐ Official license verification must be received from states and jurisdictions in which the applicant holds or has ever held a professional license of any type (ARM 24.174.502(1)(c)).
- ☐ Photo and email address.
- ☐ Provide 3 character reference names; one must be identified as a pharmacist.
 - Character reference forms/letters/emails must be received **before** the license is issued.
- ☐ If you answered yes to discipline questions:
 - Include a detailed explanation of the event(s), and
 - Include documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).
- ☐ In addition, a **certified pharmacy technician** applicant must provide:
 - Proof of current certification:
 - **PTCB Examination:** Information about applying for PTCB certification and scheduling an exam is available at www.ptcb.org.
 - **ExCPT Examination:** Information about ExCPT certification and scheduling an exam is available from the National Health Career Association at: <http://www.nhanow.com/certifications/pharmacy-technician>.
- ☐ In addition, a **technician-in-training** applicant must provide:
 - The name, address, and pharmacy license number (issued by the Board of Pharmacy) where the technician-in-training will be working.
 - Proof of pharmacy technician certification, as listed above, within 12 months of licensure for the technician-in-training license to be transitioned to a certified pharmacy license.

Application Fee(s) for Certified Pharmacy Technician and Technician-in-Training

The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application you must submit a check payable to the Montana Board of Pharmacy. Do not mail cash.

- ☐ \$35 Application Fee

You can apply for a license online at <https://ebiz.mt.gov/POL/> or download a paper application from the website. Online application is recommended.

Please include a valid e-mail address with your application. E-mail is the Department's primary form of communication.

If you have any questions about the application process or the licensing requirements please contact the Department of Labor and Industry Professional Licensing Bureau using the contact information at the top of this checklist.

AFFIX PHOTO
HERE

PASSPORT SIZE

Montana Board of Pharmacy

PO Box 200513
301 S Park, 4th Floor
Helena, MT 59620-0512
Phone: 406-444-6880
Fax: 406-841-2305

Email: dlibsdpba@mt.gov Website: www.pharmacy.mt.gov

Application for Licensure as Certified Pharmacy Technician

Application Fee: \$35

1. FULL NAME: _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME AND LICENSE NUMBER _____
(Indicate employment location)
4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip
5. HOME ADDRESS _____
Street or PO Box # City and State Zip
- PREFERRED MAILING ADDRESS ☐ Business ☐ Home E-MAIL ADDRESS _____
6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Home Cell Fax
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ ☐ FEMALE ☐ MALE
9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)
10. List all professional licenses/registrations you hold or **ever** have held.
Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. CHARACTER REFERENCES

Please type or print names and addresses of three references: **one reference** must be 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; indicate reference that is a pharmacist)

Pharmacist Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

Name:
Address:
Telephone Number:

CONTINUE TO NEXT PAGE

PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS AND NOTICE

1. Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
2. You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
3. Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

Note on Questions 8 and 9: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- | | | |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | | |
|---|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |

- | | | |
|--|-----|----|
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

I authorize the release of information concerning 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 that the information included in this 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

PLEASE REVIEW THE MONTANA LAWS AND RULES AT www.pharmacy.mt.gov

VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application (page 3).

Applicant Name (Printed)

Applicant Signature

Date

Character Reference Name to complete this form: _____
(Print)

Character Reference Address: _____

(Below to be completed by character reference)

CERTIFICATE OF GOOD MORAL CHARACTER

This certifies that I have been personally acquainted or have worked with the applicant _____
_____ for _____ years, and that I believe the applicant to
be of good moral character. I recommend the applicant to the Montana Board of Pharmacy to become a
certified pharmacy technician or technician-in-training.

☐ **I recommend** ☐ **I highly recommend** ☐ **I recommend with reservations**

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

(Printed Name and Signature of Character Reference)

VERIFICATION OF LICENSURE/REGISTRATION

(This is not an endorsement certification)

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a registration to practice as a Pharmacy Technician or Technician-in-Training in the State of Montana. The Board of Pharmacy requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license/registration. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PHARMACY, P.O. BOX 200513, 301 SOUTH PARK AVENUE 4th Floor, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License/Registration Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PHARMACY

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

Comments, if any _____

Signed: _____

BOARD SEAL

Title: _____

State Board: _____ Date: _____