



**Montana Board of Pharmacy**  
PO Box 200513  
301 S Park, 4<sup>th</sup> Floor  
Helena, MT 59620-0512  
Phone: 406-841-2300  
Fax: 406-841-2305  
Email: [dlibsdp@mt.gov](mailto:dlibsdp@mt.gov) Website: [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov)

**Application for Licensure as Pharmacy Technician-in-Training**

1. FULL NAME \_\_\_\_\_  
Last First Middle
2. OTHER NAME(S) KNOWN BY \_\_\_\_\_
3. BUSINESS NAME \_\_\_\_\_
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.)

**Character and Discipline Questions:**

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

10. Do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation.  Yes  No
11. Have you ever take the Pharmacy Technician Certification Board examination in Montana or any other state? If yes, give state, date, results.  Yes  No
12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation.  Yes  No

13. 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

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 Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application?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 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 18<sup>th</sup> birthday unless you were tried as an adult.  Yes  No
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

**Allow 30 days for licensure from the date the Board has a complete routine application.**

PLEASE REVIEW THE MONTANA LAWS AND RULES at [www.pharmacy.mt.gov](http://www.pharmacy.mt.gov).

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**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):**

\_\_\_\_\_  
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 4<sup>th</sup> 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: \_\_\_\_\_