



Application for New Louisiana Pharmacy Technician Certificate

Eligibility & Qualifications for Pharmacy Technician Certificate:

- 1) The applicant shall demonstrate one of the following educational competencies:
 - Option A: For those applicants who obtained their Louisiana Pharmacy Technician Candidate (PTC) registration via Option A [*proof of enrollment in a nationally-accredited and board-approved pharmacy technician training program*], the applicant shall provide proof of successful completion of a nationally-accredited and board-approved pharmacy technician training program, using the document furnished by the training program.
 - Option B: For those applicants who obtained their Louisiana PTC registration via any other method, the applicant shall provide proof of at least 600 hours of practical experience earned within a Louisiana-licensed pharmacy using a properly completed pharmacist's certification form [*Form 31 – Pharmacist's Certification of Hours of Practical Experience Earned by Pharmacy Technician Candidates*].
 - Option C: For those applicants who were licensed, registered, or otherwise credentialed by any other state board of pharmacy in the U.S. and have practiced as a pharmacy technician in that state for at least one year, the applicant shall provide proof of that practice using a properly completed pharmacist's certification form [*Form 32 – Pharmacist's Certification of Pharmacy Technician Practice in Nonresident State*].
- 2) The applicant shall demonstrate successful completion of one of the following board-approved pharmacy technician certification examinations:
 - a. Pharmacy Technician Certification Board (PTCB), reflecting original certification on or after January 1, 1995.
 - b. National Healthcareer Association (NHA), reflecting original certification on or after January 1, 2018.

The Board will accept a legible copy of the certificate issued by PTCB or NHA, or in the alternative, a screen print of the website verification thereof.
- 3) Additional Requirements for Applicants Eligible via Option C:
 - a. The applicant shall be at least 18 years of age. In addition to entering the date of birth on the application form, the applicant shall attach a legible copy of their birth certificate. In the event the birth certificate is recorded in a language other than English, a certified translation copy shall be attached. In the event a birth certificate is not available, we can accept a copy of a valid and unexpired passport, or in the alternative, a copy of a naturalization document from the U.S. government.
 - b. The applicant shall confirm their identity by entering their current legal name on the application form. In the event the name on the birth certificate differs from the current legal name entered on the application form, the applicant shall provide copies of the legal documents for every name change in the interim; examples of acceptable documents include marriage licenses and court decisions. Copies of driver's licenses are not acceptable for this purpose.
 - c. The applicant is not required to document their citizenship; however, the applicant is required to verify their legal authority to work in the United States by entering their Social Security number on the application form and attaching a legible copy of their Social Security card. There is no substitute for the Social Security number and the staff is required to return any application without this information and documentation.
- 4) The applicant shall submit to a criminal background check (CBC). However, this requirement is waived for any applicant who already submitted to a CBC for any credential issued by the Louisiana Board of Pharmacy and the CBC report is dated less than five years before the date of this application. Applicants required to submit to a CBC must supply a copy of their state identification card (driver's license acceptable) along with their fingerprints.

- 5) The application fee is \$100.00. The Board can accept a check or money order drawn on any bank located within the United States payable in U.S. dollars to the Louisiana Board of Pharmacy.
- 6) This application shall expire one year after the date of its receipt in the Board office. In the event the application expires before the certificate is issued, the application shall be rendered null and void, and all fees attached shall be forfeited. Continued progress shall require a new application form and fee.
- 7) The Board's receipt of your application does not authorize you to practice as a pharmacy technician. You may not practice until the Board issues your numbered pharmacy technician certificate.

Application Process:

We encourage you to complete the application form's fillable fields electronically and then print the form on regular copy paper. Forms printed on colored paper may be rejected. Remember to sign and date the application form and attach the photograph and all other required documents. Review the list of required attachments on the last page of the application form as well as the entire application package before sending it to the Board office. The most common reasons for delayed processing are incomplete forms and missing documentation.

We recommend you retain at least one copy of the application package before placing original documents in the mail. From time to time, the mail service does not work as planned and mail is misdirected. If it is important to you to know whether or not the Board has received your application package – or when it was received, we recommend you use the mail tracing service (US Postal Service, FedEx, UPS, etc.) of your choice. Due to the volume of applications we receive, we are unable to respond to requests to verify receipt.

As part of the licensing process, we are required to submit your name and identification information to the La. Dept. of Children & Family Services (DCFS) to verify you are not in default of any court-ordered support payments. We are required to wait for their reply before we can issue or renew your certificate. In the event we receive instructions from DCFS to hold your application, we will contact you with that information and instructions to contact DCFS.

The initial pharmacy technician certificate shall expire on June 30 regardless of the date issued. In the event you are contemplating the submission of your application during the months of May or June, you have the option of requesting the delayed issuance of your certificate on the first business day of July. If not, you will be responsible for the immediate renewal of your certificate prior to June 30.

Criminal Background Check (CBC):

- The Louisiana Legislature (La. R.S. 37:1216) requires the Board to conduct a criminal history check on applicants for all credentials.
- Upon receipt of your properly completed application, staff will provide you with a packet of materials necessary to complete this process. The applicant shall submit a copy of their state-issued identification card (driver's license acceptable) as well as their fingerprints for analysis by the Louisiana State Police and the Federal Bureau of Investigation (FBI). The applicant shall return the packet to the Board office, who will deliver the packet to the La. State Police Headquarters. Following their analysis, those agencies will prepare a report for the Board. Board staff must review that report before they can issue your registration.
- The time required to complete this process varies widely – from as little as one week to more than six weeks. When the analysts determine the fingerprints are of insufficient quality, the applicant must re-submit their fingerprints, which takes additional time for processing. The CBC process is controlled by the La. State Police and FBI. The Board has no control over how long it takes for those agencies to send their report to the Board. Applicants can substantially reduce the amount of time for that process by completing their packet at the La. State Police Headquarters in Baton Rouge, La. Instructions for this option are included in the packet of materials provided to the applicant, and the La. State Police charges an additional fee for this on-site service.
- The fee for the CBC is \$39.25, and it is payable to the La. State Police, not the Board of Pharmacy. The La. State Police does not accept cash or personal checks. Checks erroneously made payable to the Board of Pharmacy shall be returned to the applicant and will delay the CBC process. The fee for the on-site service at La. State Police is \$10.00 and is payable to that agency.
- We are not permitted to accept criminal history reports prepared by applicants, nor can we accept

criminal history reports generated by or for another agency.

Maintaining your Louisiana Pharmacy Technician Certificate:

The price of the privilege: it is your personal responsibility to learn the laws and rules governing pharmacy technicians and their professional practice. All of the Board's laws and rules can be found in the Louisiana Pharmacy Law Book which is available on the Board's website at www.pharmacy.la.gov.

Your failure to abide by these laws and rules, or your failure to practice in a professional manner, could result in disciplinary action against your certificate by the Board. There are a range of potential sanctions available to the Board: they may issue a Letter of Warning or a Letter of Reprimand, they may place your certificate on probation (*meaning you can still practice but with restrictions*), they may suspend your certificate for any period of time (*meaning you still have a certificate but you cannot practice pharmacy*), or they may revoke your certificate (*meaning they take away your certificate*). In addition, they may assess a fine (any amount up to \$5,000 per violation per day) and they may recover their costs of investigation and prosecution.

Renewal of Pharmacy Technician Certificates

- Every pharmacy technician certificate expires on June 30 of every year; you may not practice with an expired certificate.
- The renewal cycle is open from May 1 through June 30. You may renew your certificate online and pay with a credit card, or you may retrieve a renewal application form at the Board's website and pay with a check or money order.
- The fee for the timely renewal (prior to the expiration date) of a certificate is \$50.00. The fee for the renewal of an expired certificate less than 30 days after the expiration date is \$75.00. The fee for the reinstatement of an expired certificate more than 30 days after the expiration date is \$275.00.
- It is not required that you be in active practice or living within the state in order to renew your certificate. In the event you choose to let your certificate expire because you are not working in a pharmacy, please be aware of the penalty and reinstatement fees.

Continuing Pharmacy Education (CPE)

- One of the certificate renewal requirements is the acquisition of continuing pharmacy education (CPE). In order to renew, you must demonstrate the acquisition of at least 10 hours of ACPE-accredited technician-specific CPE in the prior 12-month period.
- For your first renewal *only*, you are exempt from the requirement to demonstrate your compliance to the Board. For every renewal thereafter, you must demonstrate compliance with the CPE requirements. Your failure to do so will subject your technician certificate to disciplinary action by the Board.
- In order to register for CPE activity sponsored by an ACPE-accredited CPE provider, you will need to apply for an eProfile number, which is issued by the National Association of Boards of Pharmacy (NABP). There is no cost to obtain that number, and once issued it is your number for your entire professional career. To obtain your eProfile number, select the CPE Monitor link at the NABP website at www.nabp.pharmacy. As part of the registration process at CPE Monitor, you must provide your Louisiana pharmacy technician certificate number.
- When a pharmacy technician successfully completes a CPE activity, the CPE provider will send the relevant program information electronically to CPE Monitor, which will maintain a comprehensive list of the CPE activities for the technician. You may review your account at CPE Monitor and print certificates for individual CPE events as well as transcripts showing all of your CPE activities. CPE Monitor is a free service provided by NABP.
- The Board does not require a pharmacy technician to maintain the certification issued by PTCB or NHA because the Board has its own CPE requirements. If the pharmacy technician wishes to maintain their certification from PTCB or NHA (some employers may require it), they should comply with the requirements issued by those organizations. While certificates reflecting ACPE-accredited technician-specific CPE may be valid for both certification and licensure, the certification is not a substitute for compliance with the Board's CPE rules. Please note that a PTCB or NHA certificate is not a license and is not valid for practice in Louisiana.

(continued)

Please remember your obligation to give the Board written notice no later than 10 days after the following events:

- To report a change in your mailing address, please use *Form 90 – Notice of Change in Mailing Address*. This form requires you to provide both old and new addresses.
- To report a change in your legal name, please use *Form 91 – Notice of Name Change*. This form requires you to attach evidence of your legal name change.
- To report a change in your pharmacy employment, please use *Form 92 – Notice of Pharmacy Employment*. This form requires you to provide the name and pharmacy permit number (PHY.xxxxxx) for both previous and new pharmacy employers.

For all three of these reporting forms, you may send the completed forms to the Board office by email, fax, or mail.

[end]



Louisiana Board of Pharmacy

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Application for New Louisiana Pharmacy Technician Certificate

Note: This application form shall be valid for up to one year after the date of its receipt in the Board office. In the event the certificate is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The application fee for this certificate is **\$100**. We accept checks or money orders drawn on any bank located within the U.S. that are payable in U.S. dollars to the Louisiana Board of Pharmacy.

Section 1 – Eligibility Determination

Option A The applicant previously acquired a Louisiana Pharmacy Technician Candidate Registration on the basis of your enrollment in a board-approved pharmacy technician training program. Please attach your evidence of successful completion of that program or another board-approved pharmacy technician training program.

Option B The applicant previously acquired a Louisiana Pharmacy Technician Candidate Registration on any basis other than Option A. Please attach a copy of your properly completed *Form 31 – Pharmacist’s Certification of Hours of Practical Experience Earned by Pharmacy Technician Candidates*.

Option C The applicant was licensed, registered, or otherwise credentialed by a state board of pharmacy in another state, and the applicant has practiced as a pharmacy technician in that state for at least one year. Please attach a copy of your properly completed *Form 32 – Pharmacist’s Certification of Pharmacy Technician Practice in Nonresident State*.

Section 2 – Personal Information

Current Legal Name: _____
First Name Middle Name(s) Last Name Suffix (Jr., Sr. III, IV, etc.)

List All Other Names (Maiden, Married, etc.): _____

Note: Your current legal name will be your original licensure name. Once licensed, your original licensure name will not be changed for any reason. Subsequent name changes will be reflected on annual certificate renewals.

For applicants eligible under Options A or B, please record your registration number:

Louisiana Pharmacy Technician Candidate Registration No.: PTC. _____

For applicants eligible under Option C, please provide this additional information:

Place of Birth (City & State + Country if not USA): _____

Date of Birth: _____ Gender: _____ Race: _____

Social Security Number: _____ NABP eProfile Number: _____
Attach legible copy of SSN card

Section 3 – Contact Information

Mailing Address: _____

City, State, ZIP: _____

E-mail Address: _____
* May be used for official communications *

Telephone Numbers (with A/C): _____
Home Mobile

For Board Use Only:

Check No.: _____ Amount: _____

Approved by: _____

CPT No.: _____ Issued: _____

Applicant Name: _____

Section 4 – Pharmacy Technician Certification Examination

Indicate whether your certification examination was administered by PTCB or NHA, and then record the certificate number issued by them as well as the date of your initial certification. The PTCB certificate must be dated on or after January 1, 1995. The NHA certificate must be dated on or after January 1, 2018.

Examination Vendor: _____

Certificate Number: _____ Date of Initial Certification: _____

Section 5 – Prior History

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports generated for or by another agency cannot be accepted to satisfy this requirement. Your failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the certificate, or if the certificate has already been issued, then the suspension or revocation of that certificate.

1. Yes No Have you **ever** been issued any of the following:
 - A citation or summons, *and/or*
 - Has/have warrant(s) been issued against you, *and/or*
 - Have you been arrested, charged, arraigned, indicted, convicted, *and/or*
 - Pled guilty / "no contest" / nolo contendere / "best interest" or any similar plea, *and/or*
 - Been sentenced or pardoned,for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even though an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer "Yes" and mail certified copies of the decision documents along with your personal letter of explanation.

 - Traffic violations such as speeding or parking tickets do not need to be reported; however,
 - DUI or DWI events must be reported, regardless of final disposition.

2. Yes No Have you ever had a professional license as a pharmacy technician or any other health care provider denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, *and/or*
Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as certified copies of all related documents from the agency.

3. Yes No Have you ever been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? *and/or*
Has a medical review panel opinion been rendered relating to your practice of pharmacy? *and/or*
Have you been reported to the National Practitioner Data Bank (NPDB)? *and/or*
Have your clinical privileges been limited, restricted, suspended, or revoked?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.

4. Yes No Have you ever been diagnosed with, do you have, or have you had a medical, physical, mental, emotional, or psychiatric condition that might affect your ability to safely practice as a pharmacy technician?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

5. Yes No Have you ever had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, or alcohol?

In the event of an affirmative reply to this question, please provide your personal letter of explanation as well as copies of any and all treatment records and discharge summaries, as well as written statement(s) sent directly from treating physician(s) addressing current ability to safely practice pharmacy.

Applicant Name: _____

Section 6 – Pharmacy Credentials from Other States

Have you ever been licensed, registered, certified, or otherwise approved to practice as a pharmacist, pharmacy intern, or pharmacy technician in any state other than Louisiana?

- No [Proceed to Section 6] Yes [Record information below; attach additional pages as necessary]

_____	_____	_____	_____	_____	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	
_____	_____	_____	_____	_____	Disciplined? <input type="checkbox"/> No <input type="checkbox"/> Yes
State	Type of Credential	Credential No.	Date Issued	Expiration Date	

For each credential you have ever held, you must obtain a letter from the state licensing agency that issued the credential – sent directly to the Board office – certifying the current status of that credential. The letter must include the credential number, the date of issue, the current status, its expiration date, and whether the credential has ever been sanctioned, disciplined, or restricted

Section 7 – Photographic Identification

- Attach a recent photograph in the block at right, using one staple at the top and one at the bottom. Do not use glue or tape.
- Photograph should be recent (within last six months).
- Photograph must show a clear likeness of the applicant’s head and shoulders, with eyes open.
- Photographs reproduced on a black/white copy machine are not acceptable.
- Do not use a photograph removed from an identification or similar card.

**Staple one recent
passport size (2”x2”)
fade-proof
photograph
in this block using the
guidelines at the left.**

Date of Photograph: _____

Section 8 – Required Attachments

- Yes No Documents as needed from Section 1 – Eligibility Determination
- Yes No Copy of birth certificate and Social Security card, but only for those applicants under Option C
- Yes No Legal documentation of all name changes beyond name recorded on birth certificate (see application notes).
- Yes No Document as needed from Section 4 – Certification Examination.
- Yes No Documents as needed from Section 5 – Prior History.
- Yes No Copy [or website verification thereof] of other pharmacy credentials identified in Section 6.
- Yes No Photograph from Section 7.

Section 9 – Applicant’s Attestation & Signature

By my signature below, I agree with and attest to the following statements:

- I am the person referred to in this application, and the photograph above is a true likeness of me.
- With an awareness of the penalties of perjury, I affirm that all of the information I have provided in this application and all of its attachments is true and correct in every respect.
- I submit this application and all of its attachments for the purpose of obtaining a Louisiana pharmacy technician certificate, in order to engage in the practice of pharmacy in the state of Louisiana as authorized by the Louisiana Pharmacy Practice Act.
- I understand the Board’s receipt of my application and its processing by staff does not authorize me to practice. I understand I cannot practice until the Board issues my numbered technician certificate.
- I understand that furnishing false information or omitting required information in this application and all of its attachments may result in the denial of my application and the Board’s refusal to issue the certificate – or if the certificate has already been issued, then the suspension or revocation of that certificate.

_____ Date _____ Signature of Applicant

Notice: In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or board procedures. You may submit such complaints to one or more of the following organizations: (1) Louisiana Board of Pharmacy; 3388 Brentwood Dr.; Baton Rouge, La. 70809; 225.925.6496; info@pharmacy.la.gov. (2) Committee on House & Governmental Affairs; La. House of Representatives; PO Box 44486; Baton Rouge, La. 70804; 225.342.2403; h&ga@legis.la.gov. (3) Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183; Baton Rouge, La. 70804; 225.342.9845; s&g@legis.la.gov.