Louisiana Board of Pharmacy

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Application for Late Renewal of Pharmacy Technician Certificate for Year 2016-2017

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy", to address noted above. The total fee due with this application is ***$75***. An incomplete application, including one without the required attachments, will be returned to the applicant. Applications received after July 30, 2016 shall be subject to additional reinstatement procedures and fees.

Section 1. Contact Information

Name: _____ Certificate No.: CPT._____

Mailing Address: _____

City, State, ZIP: _____ Parish / County: _____

Telephone No: (Home) _____ (Mobile) _____

Email address: _____

** May be used for official communications.**

Section 2. Continuing Pharmacy Education (CPE) Requirement

Which of the following selections best describes your compliance with the Board's rules for continuing pharmacy education as a requirement for the renewal of a technician certificate?

☐ I earned at least 10 hours of technician specific ACPE-accredited or board-approved CPE between July 1, 2015 and June 30, 2016 – and all of my CE records are on file at CPE Monitor.

☐ I am exempt from the CPE requirements this year because I received my original technician certificate from the Louisiana Board of Pharmacy on or after July 1, 2015.

☐ None of the above.

Section 3. Survey

The Louisiana Legislature has directed the Workforce Commission to collect and compile information concerning the healthcare provider workforce supply and demand in the state. In cooperation with the Workforce Commission, we are obliged to collect certain information from you. You are required to answer these questions as part of your certificate renewal process. We appreciate your cooperation with this initiative.

1. On average, I practice pharmacy the following number of hours per week:

☐ Zero – not practicing pharmacy
☐ 1 to 10 hours
☐ 11 to 20 hours
☐ 21 to 30 hours
☐ 31 to 40 hours
☐ 41 to 50 hours
☐ 51 to 60 hours
☐ over 60 hours

2. My primary professional practice setting is best described by which of the following selections:

- ☐ Community pharmacy – independent
- ☐ Community pharmacy – chain
- ☐ Hospital or health-system pharmacy
- ☐ Institutional pharmacy (other than hospital)
- ☐ Nuclear pharmacy
- ☐ Academia (college of pharmacy)
- ☐ Home care
- ☐ Manufacture / Distribution (incl. sales)
- ☐ Consultant, in office-based practice
- ☐ HMO or other managed care organization
- ☐ Mail service pharmacy
- ☐ Government owned healthcare facility
- ☐ Government, regulatory or law enforcement
- ☐ Other, not listed: _____
- ☐ Employed in another field OR unemployed

3. In the event you are not practicing pharmacy, please indicate which of the following selections is most applicable to you:

- ☐ I am not practicing pharmacy, but I am seeking pharmacy employment.
- ☐ I am not practicing pharmacy, and I am not seeking pharmacy employment.
- ☐ I am retired from pharmacy practice.
- ☐ Not applicable to me, because I am employed in pharmacy practice.

4. In the event you are not practicing pharmacy, but you are employed in another capacity, which of the following selections best describes your employment:

- ☐ Attorney
- ☐ Dentist
- ☐ Nurse
- ☐ Physician
- ☐ Academia, unrelated to pharmacy
- ☐ Other medical field
- ☐ Other non-medical field
- ☐ Not applicable to me; I am retired or unemployed
- ☐ Not applicable to me; I am practicing pharmacy

5. During Calendar Year 2015, I moved **TO** Louisiana from another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

☐ Yes ☐ No

6. During Calendar Year 2015, I moved **FROM** Louisiana to another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

☐ Yes ☐ No

Section 4. Disciplinary History

Since July 1 of last year (or at any time since your last renewal), have you been the subject of any of the following actions:

☐ Yes ☐ No A. Have you been issued a citation or summons, OR
has a warrant been issued against you, OR
have you been arrested, charged, arraigned, indicted, or convicted, OR
have you pled guilty, no contest, nolo contendere, or any similar plea, OR
have you been sentenced or pardoned
for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?
NOTE: 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.

☐ Yes ☐ No B. Have you had a processional 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 and including restrictions associated with participation in confidential alternatives to disciplinary programs, OR
Do you now have any disciplinary action pending against you by any state licensing agency other than the Louisiana Board of Pharmacy?

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

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

☐ Yes ☐ No E. Have you been diagnosed with, or have you been treated for, or are you now receiving treatment for, a dependency on mood-altering substances, drugs, or alcohol?

[**NOTE**: Subject to the exemption noted in 4-A, an affirmative response to any question in this Section requires two attachments: (1) a letter of explanation from you describing the incident in your own words, as well as (2) a *certified copy* of the disciplinary or adverse action.]

Section 5. Attestations

1. I certify that I have acquired the amount and type of ACPE-accredited or board-approved continuing pharmacy education (CPE) as identified in the survey question above, and further, I have obtained an e-Profile number from the National Association of Boards of Pharmacy (NABP) CPE Monitor program, and all of my CE records are maintained at CPE Monitor. Further, I certify that I have granted permission to the Louisiana Board of Pharmacy to access and audit my CE records by recording my Louisiana license number at CPE Monitor.

☐ Yes ☐ No

2. I certify that all of the answers provided to the survey questions and all of the information provided during this renewal process are true and accurate. Further, I understand and agree that the provision of false information would result in the acquisition of a certificate by fraud or misrepresentation, which would provide a cause of action by the Board. Said action could result in the refusal to issue the renewal, or if already issued the suspension or revocation of my certificate.

☐ Yes ☐ No

Signature: _____ **Date:** _____

Original required; no stamps or facsimile accepted