

Fees

PTC Registration Application Fee	\$50.00
	<b>Total</b>
<b>Fees:</b>	<b>\$50.00</b>

OnlineConvenienceFees

### Online Convenience Fees - EFFECTIVE JULY 5, 2023:

Like so many businesses today that are significantly impacted by the costs of credit card processing fees, the Board had to implement a convenience fee schedule for online services. Convenience fees will be added at checkout as follows:

**ACH payments (electronic bank transfer) & similar types: a flat \$2.00 fee for each payment**

**Credit Card payments & similar types: \$2.00 transaction fee, plus 2.5 % of total charge.**

**The option of submitting your application through the mail or in person with a check or money order at no additional cost is still available as an alternative to using the online services.**

PTC.Info.Introduction

### Before You Begin:

**The pathway to obtaining a pharmacy technician certificate begins with completing the training requirements. To complete the training requirements, the applicant must first obtain a pharmacy technician candidate registration. This application is for the pharmacy technician candidate registration (not the pharmacy technician certificate).**

**More information regarding the process of becoming a Pharmacy Technician in Louisiana can be found at <https://www.pharmacy.la.gov/page/how-to-obtain-a-pharmacy-technician-certificate>.**

**The Board has adopted rules governing pharmacy technicians and pharmacy technician candidates. A copy of those rules – Chapter 9 ~ Pharmacy Technicians – can be found at <https://www.pharmacy.la.gov/page/laws-regulations>. You are encouraged to read and understand these rules.**

PTC.Info.Exceptions

**If you currently hold an active pharmacy technician license in another US jurisdiction, that was issued a minimum of one year ago, you do not need this credential. You may apply for a Pharmacy Technician Certificate.**

**If you have ever been issued a Pharmacy Technician Candidate Registration from the Louisiana Board of Pharmacy, you do not qualify for a new registration.**

**A pharmacist or pharmacy intern whose board credential has been denied, suspended, revoked, or restricted for disciplinary reasons by any board of pharmacy shall not be a pharmacy technician candidate or pharmacy technician.**

**A Louisiana pharmacist or pharmacy intern whose board credential is active shall not be a pharmacy technician candidate or pharmacy technician until such credential is relinquished.**

**Should any of the above apply to you, please exit this application. You may email [licensing@pharmacy.la.gov](mailto:licensing@pharmacy.la.gov) with any questions.**

<b>PTC.Info.Qualifications</b>
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**Qualifications for Pharmacy Technician Candidate Registration:**

**1) 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.**

**2) 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.**

**3) 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 meet one of the following eligibility options:**

**a. Option A: At least 18 years of age and enrolled in a nationally-accredited and board-approved pharmacy technician training program (roster of board-approved training programs available on the board website, at [www.pharmacy.la.gov](http://www.pharmacy.la.gov)). The program director will notify the Board of enrollment.**

**b. Option B: At least 16 years of age and enrolled in a Louisiana Department of Education Jump Start program offering pharmacy technician as a career path. The high school guidance counselor should email [licensing@pharmacy.la.gov](mailto:licensing@pharmacy.la.gov) to verify the applicant's enrollment in an eligible program. The email must come from the school's official email system.**

**c. Option C: At least 18 years of age and can provide verification from a Louisiana licensed pharmacist, who is not on probation with the Board, indicating their intention to provide technician training in a pharmacy that is not on probation with the Board. The training pharmacist must complete Form 035 ~ Pharmacist's Certification of Training Intention for Pharmacy Technician Candidate Applicant for submission with this application. You may obtain this form at <https://www.pharmacy.la.gov/page/forms-technicians>.**

<b>PTC.Info.CriminalBackgroundCheck</b>
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**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, you will be emailed the directions for completing the CBC process. The time required to complete this process varies based on the applicant's selected method. Results are typically received by the Board office within 48 hours of completion. This requirement is waived for applicants who have previously completed a CBC through the Louisiana Board of Pharmacy.**

<b>PTC.Sect1.PersonalInfo</b>
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**1. Please enter your full legal name including first, middle, last, and suffix (Jr., Sr., III, V, etc.).**

Jane Doe

**2. List all other names you have been known by (maiden, married, etc.).**

**Note: you will be asked to provide legal documents for all name changes later in the application.**

Smith

**3. Please enter your place of birth (City & State, Country if not USA).**

Baton Rouge, LA

**4. Please enter your date of birth.**

01/01/2008

**5. Enter your current age below.**

**6. Select gender.**

Female

**7. Which of the following best describes your ethnicity?**

Other

**8. Please enter your social security number.**

000-00-0000

**PTC.Sect2.ContactInfo**

**9. Enter the mailing address at which you would like to receive mail from the Louisiana Board of Pharmacy. Please note that mailing addresses are a matter of public record; we are required to make them available. If you have security concerns, we encourage your use of alternative services, e.g., post office boxes, etc.**

3388 Brentwood Drive Baton Rouge, LA 70809

**10. Email is our primary means of communication with applicants. Please provide a secure email address that you check routinely.**

licensing@pharmacy.la.gov

**11. Please enter a personal telephone number which can be used to contact you.**

(000) 000-0000

**PTC.Sect3.EligibilityOptions**

**12. To qualify for a pharmacy technician candidate registration, the applicant shall meet one of the following eligibility options:**

**Option A: At least 18 years of age and enrolled in a nationally-accredited and board-approved pharmacy technician training program (roster of board-approved training programs available on the board website, at [www.pharmacy.la.gov](http://www.pharmacy.la.gov)). The program director will notify the Board of enrollment.**

**Option B: At least 16 years of age and enrolled in a Louisiana Department of Education Jump Start program offering pharmacy technician as a career path. Please have your high school guidance counselor email [licensing@pharmacy.la.gov](mailto:licensing@pharmacy.la.gov) to verify the your enrollment in an eligible program. The email must come from the school's official email system.**

**Option C: At least 18 years of age and can provide verification from a Louisiana licensed pharmacist, who is not on probation with the Board, indicating their intention to provide technician training in a pharmacy that is not on probation with the Board. The training pharmacist must complete Form 035 ~ Pharmacist's**

**Certification of Training Intention for Pharmacy Technician Candidate Applicant for submission with this application. You may obtain this form at <https://www.pharmacy.la.gov/page/forms-technicians>.**

**Please select your eligibility option below:**

Option B - High School Jump Start

**13. If you have selected Option A, please enter the name of your nationally-accredited and board-approved pharmacy technician training program. This program will notify the Board of your enrollment.**

**If you selected Option B, please enter the name of your high school and the Louisiana Department of Education Jump Start program you are currently enrolled in.**

BR High School / Health Sciences

<b>PTC.Sect4.OtherCredentials</b>
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**14. 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?**

**Note: An affirmative answer requires submission of Form 033 ~ Professional Credentials Disclosure Form with the required verification for each credential noted. You may find Form 033 ~ Professional Credentials Disclosure Form by visiting [www.pharmacy.la.gov](http://www.pharmacy.la.gov).**

No

<b>PTC.Sect5.Disclosures</b>
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**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. 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 credential, or if the credential has already been issued, then the suspension or revocation of that registration.**

**15. 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 if 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”.**

**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.**

**Note: An affirmative answer will require that you upload certified copies of the final disposition along with your personal letter of explanation later in the application.**

No

**16. Have you ever had a professional license 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?**

**Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as certified copies of all related documents from the agency.**

No

**17. 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?**

**Note: In the event of an affirmative reply to this question, your will be required to upload your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.**

No

PTC.Sect6.Uploads
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**You will now be instructed to upload several documents that were previously noted throughout the directions and application. Do not submit your application**

**until you have completed the upload of all documents. We urge you to assure you are uploading the correct documents.**

**Our office can only accept pdf., bmp., and txt. files. Please note that bmp. is an image file type.**

**If you have any questions, please email [licensing@pharmacy.la.gov](mailto:licensing@pharmacy.la.gov) before submitting your application.**

**18. Please upload a copy of your 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 will accept a copy of a valid passport or naturalization documents.**

[PDF TEST.pdf](#)

**19. In the event the name on the birth certificate differs from the current legal name on the application form, the applicant will need to provide copies of the legal documents for every name change in the interim. Examples of acceptable documents include marriage license or other court document detailing the name change. A driver's license or Social Security card is not acceptable for this purpose. Please upload your name change documents now.**

[PDF TEST.pdf](#)

**20. Please upload a legible copy of your social security card.**

**The Louisiana Board of Pharmacy will not issue any license, permit, or certificate without a social security card.**

[PDF TEST.pdf](#)

**21. If you previously selected Option C, pharmacist training, as your eligibility option, you must upload a completed Form 035 ~ Pharmacist's Certification of Training Intention for Pharmacy Technician Candidate Applicant. You may obtain this form at <https://www.pharmacy.la.gov/page/forms-technicians>.**

**22. Applicants indicating, earlier in this application, that they have ever held a professional credential issued by another agency must complete and submit Form 33 ~ Professional Credentials Disclosure Form, with the required license verifications. Please visit [www.pharmacy.la.gov](http://www.pharmacy.la.gov) to obtain this form. This form should be uploaded, with required attachments.**

**23. If you answered "yes" to any of the questions regarding prior history (arrests, summons, warrants, licensing actions, civil/malpractice, medical panel review, medical, physical, mental, emotional, psychiatric conditions, mood-altering**

substances, etc.) you must now upload your personal letter of explanation and other documents. As a reminder, certified copies are required for prior legal or disciplinary actions. Copies of any and all treatment records and discharge summaries, as well as written statement(s) from the treating physician(s) addressing current ability to safely practice pharmacy are required for "yes" answers to medical questions.

**24. Please upload a recent photograph of yourself. Photograph should be recent (within the last 6 months), should show a clear likeness of the applicant's head and shoulders only with eyes open. Photograph should not be black / white and should not include other people. Please remember you are submitting the photograph to your professional licensing agency. Passport photographs work best.**

[PDF TEST.pdf](#)

**25. The Board requires that we have a request to conduct electronic business on file. Please upload a signed statement requesting to conduct electronic business with the Louisiana Board of Pharmacy. The document will not be accepted without your written signature.**

[PDF TEST.pdf](#)

PTC.Sect7.Attest
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**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 uploaded is a true likeness of me.**

**I have no current physical, mental, emotional, or psychiatric condition that currently impairs or adversely affects my ability to safely practice pharmacy.**

**I am not currently diagnosed with or currently receiving treatment for a dependency on mood-altering substances, drugs, or alcohol that is unknown to the Louisiana Board of Pharmacy.**

**All of the answers provided to all of the questions and all of the information provided are true and accurate.**

**I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a license by fraud or misrepresentation.**

**I understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue a credential, or if the credential has already been issued, then the suspension or revocation of my credential.**

**I understand that the Board's receipt of my application does not authorize me to practice, nor can I practice while the Board processes my application. I understand I cannot practice until the Board issues my numbered registration.**



**The use of this electronic application or form fully satisfies any requirement that it be provided to me in written form. I agree that I am responsible for understanding this application or form, and I agree to conduct business by electronic means. I agree that my use of an electronic signature to sign the application form legally binds me in the same manner as if I had manually signed the form.**

**26. As a component of your electronic signature, please type your name in the text box below.**

Jane Doe

**27. As a component of your electronic signature, please enter today's date in the text box below.**

11/07/2024

**The next screen will offer you the opportunity to review all of your data entries and revise them if necessary. When you complete the review process you will have the option of printing your online application form should you wish to do so.**

**Your final step will be to generate and pay the invoice. Your application will not be submitted until your invoice is paid. Louisiana state government owned facilities, applying for or renewing a credential ending with "X", are exempt from payment of licensing fees and an invoice will not generate.**

**You will receive emails from the Board updating you on the status of you application as needed after submission. All items are reviewed within 14 business days of receipt.**