

### Pharmacy Technician

#### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please Select ONE:**

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

**Driver License**

or State ID Card: \_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

#### AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## QUALIFYING QUESTIONNAIRE

### Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

- 
1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
- 
2.  Yes  No Do you CURRENTLY have **any criminal action active or pending**?
- 
3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
- 
4.  Yes  No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?
- 

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

**NOTE:**

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You do **not need to disclose** juvenile offenses, unless you were tried as an adult.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see [DOPL's criminal history FAQs](#).

## EDUCATION OR EXPERIENCE

Please select the pathway to licensure you completed. See the checklist at the end of this application for the documentation required for each option.

**Option 1: Licensure by Application**

- I completed a pharmacy technician training program accredited by the American Society of Health Systems Pharmacists (ASHP).
- I completed training through Pharmacy Technicians University (PTU).
- I completed the National Pharmacy Technician Association Online Program.
- I completed training through a branch of the Armed Forces of the United States.
- I am licensed in good standing as a pharmacy technician in state, district, or territory of the U.S. that is not equivalent to Utah, and have practiced at least 1,000 hours of licensed practice in the past two years. *Note: Work experience gained while a technician-in-training cannot be used toward the 1,000 hours.*

Issuing State: \_\_\_\_\_ License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**Option 2: Licensure by Endorsement:**

- I am licensed in good standing as a pharmacy technician in jurisdiction deemed equivalent to a Utah license and have at least one year of experience under the equivalent license. You may qualify for Licensure by Endorsement. See [our website](#) for approved jurisdictions and additional information.

Issuing State: \_\_\_\_\_ License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

## MEDICAL QUALIFYING QUESTIONNAIRE

**Read thoroughly, and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

Yes  No a hospital or health care facility

Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes  No malpractice insurance coverage

Yes  No other entity: \_\_\_\_\_

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

Yes  No a hospital or health care facility

Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes  No malpractice insurance coverage

Yes  No other entity: \_\_\_\_\_

3. Is any action pending against you now by:

Yes  No a hospital or health care facility

Yes  No Medicaid, Medicare or any other state or federal health care payment reimbursement program

Yes  No the Federal Drug Enforcement Administration or any state drug enforcement agency

Yes  No malpractice insurance coverage

Yes  No other entity: \_\_\_\_\_

4.  Yes  No Have you been named as a defendant in a malpractice suit?

5.  Yes  No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

## CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>. Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.**

**REVIEW OF YOUR CRIMINAL RECORD:** If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

# Affidavit of Practical Training

Endorsement applicants do not need to complete this form.

## APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name:

First

Middle

Last

Mailing Address:

Street/PO Box

City

State/Zip

## PRACTICAL TRAINING HOURS

To be completed by the Supervising Pharmacist that supervised practical training.

Start Date:

MM/DD/YYYY

End Date:

MM/DD/YYYY

Number of Practical Training Hours Completed: \_\_\_\_\_ (Minimum of 180 hours required)

Provide a brief explanation of the completed supervised practical training. Describe the written protocols and guidelines for the teaching pharmacist outlining the utilization and supervision of the pharmacy technician trainee, addressing:

(A) the specific manner in which supervision was completed; and

(B) the evaluative procedure(s) to verify the accuracy and completeness of all acts, tasks and functions performed by the pharmacy technician trainee.

(See Utah Admin. Code R156-17b-303a(3)(c)).

By signing below, I certify that the applicant named above has successfully completed a program of education and training as I have outlined above, in accordance with Utah Admin. Code R156-17b-303a(3)(c).

I further certify that the applicant is qualified and competent to practice as a licensed pharmacy technician.

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Pharmacy License Number: \_\_\_\_\_

## APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

**NOTE:** Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### **ALL APPLICANTS**

The following items are required to complete your application:

- \$90.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on either of the qualifying questionnaires.
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.

### **LICENSURE BY APPLICATION**

If applying for licensure by application, *in addition* to the items required for all applicants, you must submit:

- Copy of current Certification of Pharmacy Technician (ExCPT) or National Pharmacy Technician Certification Examination (PTCB).
  - Documentation of Education or Experience, one of the following:
    - Copy of Certificate of Completion provided by the education/training program.
- Or**
- Official verification of license from one or more states in which you are currently licensed. Verifications must cover the time period used to qualify for endorsement; **AND** A letter from your employer, on company letterhead, attesting to the number of hours worked. A minimum of 1,000 hours in the previous two years is required.

### **LICENSURE BY ENDORSEMENT**

If practicing as a licensed pharmacy technician in another jurisdiction that has been found equivalent to Utah for at least one year, you may apply for **Licensure by Endorsement**. *In addition* to the items required for all applicants, you must submit the following:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see [our website](#) for additional information regarding approved jurisdictions.
- If required, documentation showing a passing score on the PTCB or ExCPT. See the endorsement map on our website for details.

*Note: If your jurisdiction is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Licensure by Application above.*

**Submit the above items with your completed application to:**

#### **In person or via express delivery:**

Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> Floor Lobby  
160 E 300 S  
Salt Lake City, UT 84111

#### **US Postal Service:**

Division of Occupational and Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741

If you have questions, please contact the Division via our direct email address, [b3@utah.gov](mailto:b3@utah.gov), or via the phone or fax number listed below. Do not send applications or payment to this email.