WEST VIRGINIA BOARD OF PHARMACY 1207 Quarrier St. 4th Floor Charleston, WV 25301 PHONE: 304-558-0558 FAX: 304-558-0572 APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

PROOF FROM PHARMACY TECHNICIAN CERTIFICATION BOARD VERIFING CERTIFICATION MUST BE INCLUDED WITH APPLICATION

PLEASE PRINT:			
SECTION I			
Date:	Sex: M F Bi	rthday:	
Name:			
Last Street or Box	First City	Middle State	
Zip Code:	Social Security No. (requ	iired)	
Phone Number:	Email:		
Graduate of:	High S	chool Year:	
City:	State	Zip:	
GENERAL EDUCATION DEVELO	PMENT (GED) Certificate Issued by	y Board of Education In:	
County:	State:	Year:	
Have you ever had a license, registration any application for one denied?		Yes	No
If yes, has that license, registr	ation, or permit ever been denied, rev	-	icted for disciplinary purposes? YesNo
If yes to the above question,	you must attach a detailed statement,	including description of	action taken.
Except for minor violations of traffic by a court, have you ever been conv felony offense? (Note: this includes	icted of, pled guilty to, or entered a	nolo contender/no contes ailable traffic offenses.) Yes_	st plea to any misdemeanor or

SECTION II

I certify that I have either:

- ____A) Graduated from a competency-based pharmacy technician education and training program of a learning institution or training center as approved by legislative rule of the board;
- B) Completed a 500 hour pharmacy provided, on-the-job, competency-based education and training program approved by the board; or
- ____C) Obtained a national certification as a pharmacy technician and have practiced in another jurisdiction for at least one year.

If you selected choice (A), please complete Sections III, V, VII and VIII.

If you selected choice (B), please complete Sections VI, VII and VIII.

If you selected choice (C), please complete Sections IV, V, VII and VIII.

I certify that the information provided herein is true and accurate to the best of my knowledge, and that I am not an abuser of alcohol or drugs.

<u>SECTION III</u> (To be completed by the WVBOP approved Pharmacy Technician learning institution)

I certify that the applicant,	, ha	s adequately completion	eted the WVBOP	
WVBOP Approved Learning Institution or Training Center		-	-	
Authorized Signature:				
Subscribed and sworn, or affirmed, to before me, this				
	· · · ·		_ 20	
Signature:Notary Public	Seal:			
SECTION IV (To be completed by other State Licensing I	Board as proof of licensure	status)		
Licensee Name:	License/Re	gistration #:		
Date Issued:	Expiration	Date:		
Is license/registration in good standing?	Yes	No		
Has disciplinary action been taken against this licensed	e?Yes	No (If Yes, p	lease attach action details)	
Name of individual completing verification:		Position:		
State Licensing Board: C	ontact #: ()		Ext:	
/_	/	(Board S	eal)	
Signature Date				
<u>SECTION V</u> (To be completed by the Pharmacist-In-C	Charge of employer-pharm	nacy)		
I certify that required 20 hour training program as outlined in West Virg	inia Code of State Rules §1	, has ade 15-7-3.1(a)(3) and 3.	equately completed the 2.	
Pharmacist-in-Charge Name (Print):				
Pharmacist-in-Charge Signature:	RP000			
Name of Pharmacy:	Phone #			
Address of Pharmacy:				
Subscribed and sworn, or affirmed, to before me, this	day of	20		
Signature:	Seal:			
Notary Public				

<u>SECTION VI</u> (To be completed by the Pharmacist-In-Charge of employer-pharmacy)

15-7-4.	training program, as outlined in W am completed:		ely completed f State Rules §	the required 500 ho § 15-7-3.1(a)(3), 15-	ur training 7-3.2, and
Pharmacist-in-Charge Name (P	rint):				
Pharmacist-in-Charge Signatur	e:	RP000			
Name of Pharmacy:		Phone #			
Address of Pharmacy:					
Subscribed and sworn, or affirm	ned, to before me, this	day of		_ 20	
Signature:		Seal:			
National Health Association (E	rtified by (a) the Pharmacy Technic XCPT), Certificate #:	(Copy of ce	ertificate mus	t be attached)	: or The
Subscribed and sworn, or affirm	ned, to before me, this	day of		20	
Signature:Notary Public		Seal:			
IN ************************************	CY TECHNICIAN CERTIFICA NCLUDED WITH APPLICATIC ************************************	ON (COPY OF CE ************************************	RTIFICATE	;) ************ DISCIPLINARY ACTION II ISTRATION.	
Per Rule §§ 15-7-3 and 15-7-4.3 J based criminal history record ch visit the L1 (WVSP's agent) wel are responsible for any fees an enforcement and inquire about released to the West Virginia Bo Virginia Board of Pharmacy. If V fingerprinting appointment. This 1 Background check results are value	Applicants whose home state is West eck through the West Virginia State bate at <u>www.identogo.com</u> or conta d costs. Applicants whose home s procedures to obtain the required bard of Pharmacy. Background check Vest Virginia is your home state, a 12 2 digit TCN number must be provided d for 12 months.	t Virginia must require Police process with the ct L1 at 1-855-766-7 state is not West Vir electronic fingerprises as must be completed digit TCN number we below to the West Vir	est a state and the results beir 746 to comple irginia must c int background prior to applyin rill be assigned ginia Board of	national electronic fing released to the Boa te the background contact their state of d check with the rest ng for licensure throug to the applicant at con Pharmacy as proof of contact the state of the state of the state of the state of the state of the state of th	rd. Please heck. You local law sults being the West mpletion of completion.
of Pharmacy? Yes M APPLICANTS 12 Digit TCN num NONRESIDENT APPLICANTS: Ha	we you completed a fingerprint bac	kground check in yo	valid 12 month	hs):	
	Dard of Pharmacy? (REQUIRED) For West Virginia Board			Date:	
IdentoGo WVBOP Service Code:	Background Check	Yes;No			
228Q8H-To be used to register for background	Date Completed				
check.	No History,	Passed			

Prior History,	To Be Reviewed
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 Per Review,
 _____Accept; ____Reject