

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN

Applicant's Signature

SECTION III (To be completed by the WVBOP approved Pharmacy Technician learning institution)

I certify that the applicant, _____, has adequately completed the WVBOP approved competency based pharmacy technician education and training program of this learning institution or training center.

WVBOP Approved Learning Institution or Training Center Name: _____

Authorized Signature: _____ Date: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20_____.

Signature: _____ Seal:

Notary Public

SECTION IV (To be completed by other State Licensing Board as proof of licensure status)

Licensee Name: _____ License/Registration #: _____

Date Issued: _____ Expiration Date: _____

Is license/registration in good standing? _____ Yes _____ No

Has disciplinary action been taken against this licensee? _____ Yes _____ No (If Yes, please attach action details)

Name of individual completing verification: _____ Position: _____

State Licensing Board: _____ Contact #: (____) _____ - _____ Ext: _____

Signature Date _____ (Board Seal)

SECTION V (To be completed by the Pharmacist-In-Charge of employer-pharmacy)

I certify that _____, has adequately completed the required 20 hour training program as outlined in West Virginia Code of State Rules §15-7-3.1(a)(3) and 3.2.

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

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

I certify that _____ has adequately completed the required 500 hour training program, including the 20 hour training program, as outlined in West Virginia Code of State Rules § 15-7-3.1(a)(3), 15-7-3.2, and 15-7-4.

Date Hours and Training Program completed: _____

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

SECTION VII

I certify that I am nationally certified by (a) the Pharmacy Technician Certification Board, Certificate #: _____; or The National Health Association (EXCPT), Certificate #: _____ (**Copy of certificate must be attached**)

Pharmacy Technician Signature: _____

Subscribed and sworn, or affirmed, to before me, this _____ day of _____ 20____.

Signature: _____ Seal: _____

Notary Public

PROOF FROM PHARMACY TECHNICIAN CERTIFICATION BOARD VERIFYING CERTIFICATION MUST BE INCLUDED WITH APPLICATION (COPY OF CERTIFICATE)

IF YOU MAKE A FALSE STATEMENT CONCERNING ANY QUESTION ON THIS APPLICATION, YOU MAY BE SUBJECT TO DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, IMMEDIATE REVOCATION OR SUSPENSION OF YOUR LICENSE OR REGISTRATION.

SECTION VIII

Applications will not be processed if SECTION VIII is not completed

Per Rule §§ 15-7-3 and 15-7-4.3 Applicants whose home state is West Virginia must request a state and national electronic fingerprint-based criminal history record check through the West Virginia State Police process with the results being released to the Board. Please visit the L1 (WVSP's agent) website at www.identogo.com or contact L1 at 1-855-766-7746 to complete the background check. You are responsible for any fees and costs. Applicants whose home state is not West Virginia must contact their state or local law enforcement and inquire about procedures to obtain the required electronic fingerprint background check with the results being released to the West Virginia Board of Pharmacy. Background checks must be completed prior to applying for licensure through the West Virginia Board of Pharmacy. If West Virginia is your home state, a 12 digit TCN number will be assigned to the applicant at completion of fingerprinting appointment. This 12 digit TCN number must be provided below to the West Virginia Board of Pharmacy as proof of completion. Background check results are valid for 12 months.

Have you previously acquired a background for the purpose of a pharmacy technician trainee application through the WV Board of Pharmacy? ____ Yes ____ No If so, date background check was completed (only valid 12 months): _____

APPLICANTS 12 Digit TCN number (**REQUIRED**) _____

NONRESIDENT APPLICANTS: Have you completed a fingerprint background check in your home state with the results being released directly to the West Virginia Board of Pharmacy? (**REQUIRED**) ____ Yes ____ No State: _____ Date: _____

IdentoGo
WVBOP Service Code:
228Q8H-To be used to
register for background
check.

For West Virginia Board of Pharmacy Use Only:

Background Check ____ Yes; ____ No

Date Completed _____

No History, ____ Passed

Prior History, ____ To Be Reviewed

Per Review, ____ Accept; ____ Reject