



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

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

WVBP 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 960-hour training program as outlined in West Virginia Code of State Rules §15-7-4.

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)**

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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](http://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: \_\_\_\_\_

<b>For West Virginia Board of Pharmacy Use Only:</b>	
<b>Background Check</b>	___Yes; ___No
<b>Date Completed</b>	_____
<b>No History,</b>	___ Passed
<b>Prior History,</b>	___ To Be Reviewed
<b>Per Review,</b>	___Accept; ___Reject