

WEST VIRGINIA BOARD OF PHARMACY

2310 Kanawha Blvd. East

CHARLESTON, WEST VIRGINIA 25311

PHONE: 304-558-0558 FAX: 304-558-0572

APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN TRAINEE

FEE: \$25.00 Made payable to the Board by check or money order only.

PLEASE PRINT:

SECTION I

Date: _____ Sex: M ___ F ___ Birthday: _____

Name: _____
Last First Middle

Street or Box _____ City _____ State _____

Zip Code: _____ Social Security No. (required) _____ - _____ - _____

Phone Number: _____ Email: _____

Select One:

A) Graduate of: _____ High School Year: _____

City: _____ State _____ Zip: _____

B) GENERAL EDUCATION DEVELOPMENT (GED) Certificate Issued by Board of Education In:

County: _____ State: _____ Year: _____

C) Enrolled in a high school program at _____ Expected Graduation Year _____
(High School Name)

Have you ever had a license, registration, or permit to practice pharmacy as a pharmacist, pharmacy technician, or intern, or had any application for one denied? _____ Yes ___ No

If yes, has that license, registration, or permit ever been denied, revoked, suspended, or restricted for disciplinary purposes? _____ Yes ___ No

If yes to the above question, you must attach a detailed statement, including description of action taken.

Have you ever been convicted of, pled guilty to, or entered a nolo contendere/no contest plea to any misdemeanor or felony offense? (Note: this includes a DUI, Reckless Driving, and other jailable traffic offenses. This does not include minor violations of traffic laws which are not punishable by jail or incarceration, or arrests or convictions that have been expunged by a court.) _____ Yes ___ No

If yes, when was that conviction entered? Month/Date/Year _____ / _____ / _____

If yes to the above question, you must attach a detailed statement, including description of action taken.

SECTION II

I certify that I am either:

___ A) Enrolled in a competency-based pharmacy technician education and training program of a learning institution or training center as approved by legislative rule of the board; or

___ B) Working in a 960 hour pharmacy provided, on-the-job, competency-based education and training program approved by the board.

___ 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 Section III and VI

If you selected choice (B), please complete Section IV and VI

If you selected choice (C), please complete Section V and VI

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. _____

Applicant's Signature

COMPLETE ONLY ONE SECTION ON THIS PAGE

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

I certify that the applicant, _____, is currently enrolled in 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

-OR-

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

I certify that _____, is going to be employed in this pharmacy and undergoing 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

-OR-

SECTION V (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 VI

Applications will not be processed if SECTION VI 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.

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:_____

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