## WEST VIRGINIA BOARD OF PHARMACY

1207 Quarrier St. 4th Floor Charleston, WV 25301

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

## <u>APPLICATION FOR REGISTRATION AS A NUCLEAR PHARMACY TECHNICIAN</u>

PLEASE PRINT:			
SECTION I			
Date:	Sex: M F	Birthday:	
Name:	First City	Middle State	
Zip Code:	Social Security No. (re	quired)	
Phone Number:	Email:		
Graduate of:	High School Year:		
City:	State	Zip:	
GENERAL EDUCATION DEVEL	LOPMENT (GED) Certificate Issued	by Board of Education In:	
County:	State:	Year:	
intern, or had any application for o If yes, has that license, reg purposes? If yes to the above question	istration, or permit ever been denied, n, you must attach a detailed statemen	revoked, suspended, or restri	YesNo cted for disciplinaryYesNo tion taken.
expunged by a court, have you eve	Tic laws not punishable by jail or inca r been convicted of, pled guilty to, or Note: this includes a DUI, Reckless D	entered a nolo contender/no	contest plea to any
	iction entered? Month/Date/Year n, you must attach a detailed statemen		
SECTION II			
I certify that the information proabuser of alcohol or drugs.	Applicant's S	<u>,                                    </u>	e, and that I am not an
	Applicalit 8 3	ignature	

## **SECTION III (To be completed by the Pharmacist-In-Charge of employer-pharmacy)** I certify that \_\_\_\_\_\_ has adequately completed the required 500 hour nuclear pharmacy technician 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): Name of Pharmacy: \_\_\_\_\_Phone #\_\_\_\_ Address of Pharmacy: Subscribed and sworn, or affirmed, to before me, this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 20\_\_\_\_. Notary Public Seal: Signature:\_\_\_\_ **SECTION IV** I certify that I have completed all training and/or certifications required to perform the duties as a nuclear pharmacy technician. ATTACH copies of any certificates associated with such training. Nuclear Pharmacy Technician Signature: Subscribed and sworn, or affirmed, to before me, this day of 20. Signature: \_\_\_\_ Notary Public \* 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. Applications will not be processed if SECTION V 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 fingerprintbased 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 For West Virginia Board of Pharmacy Use Only: Background Check \_\_\_Yes; \_\_\_No **Date Completed** No History, Passed \_\_\_ To Be Reviewed Prior History,

\_\_\_Accept; \_\_\_Reject

Per Review,