



Pharmacy Technician Trainee Request for Extension or Retraining

Fax Request to West Virginia Board of Pharmacy, 304-558-0572 or

Mail Request to

West Virginia Board of Pharmacy, 1207 Quarrier St. 4th Floor Charleston, WV 25301

Per Rule §15-7-4.4(f) and (g) If the pharmacy technician trainee fails to complete the required training program and hours within the 15-month period; or fails to successfully pass the ExCPT or PTCE national certification examination to obtain certification as a CPhT and register as a PT within 90 days from the date of graduation from the competency-based pharmacy technician education and training program of a learning institution or training center, or the date of the certification of completion of the training program by the pharmacist-in-charge, then the pharmacy technician trainee must cease working in the pharmacy immediately. However, the rule provides that the Board may, upon approval of a petition to the Board by a pharmacy technician trainee, provide an extension of time, or permit a pharmacy technician trainee to begin a training program again with no credit given for any previous hours.

Personal Info

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ License #: TT _____

Employment Info

Name of Pharmacy: _____ PIC: _____

Pharmacy Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ License #: _____

I have (initial one):

- a) ____ Failed to complete the required training program and hours within the 15 months period; or
- b) ____ Failed to successfully pass the ExCPT or PTCE national certification examination and obtain certification as a CPhT within 90 days from the date of graduation from the competency-based pharmacy technician education and training program of a learning institution or training center, or the date of the certification of completion of the training program by the pharmacist-in-charge.

If (a), I am requesting either:

____An extension of time for completion of training program; or

____Permission to begin a training program again with no credit given for any previous hours

If (b), I am requesting either:

____An extension of time for completion of a personal remediation or retraining program which is presented to the Board with the petition; or

____Permission to begin a training program again with no credit given for any previous hours by making a new application to become a pharmacy technician trainee

Please provide justification or reasoning for failing to complete the required training program and hours within the 15 months period or successfully pass the ExCPT or PTCE national certification examination and obtain certification as a CPhT within 90 days from the date of graduation or completion.

Attach additional pages if necessary.

Amount of time being requested for extension:_____

Pharmacy Tech Trainee Signature

Date

To be completed by PIC (initial one):

(a) ____If requesting an extension of time to complete training or personal remediation/retraining, how many hours have been completed by the pharmacy technician trainee?_____

Attach support of hours.

(b) ____If requesting retraining, please attach information/support for retraining program.

Pharmacist-in-Charge Signature

Date