

**Massachusetts Board of
Registration in Pharmacy**

**Pharmacy Technician
Registration Application**



The Massachusetts Board of Registration in Pharmacy (Board) has contracted with Professional Credential Services (PCS) to process registration applications from pharmacy technicians. Applicants must submit all information directly to PCS. Applicants must meet one of the following registration requirements to be licensed as a Pharmacy Technician in Massachusetts:

Registration Requirements for Non-Certified Applicants (247 CMR 8.02)

- 1) Be at least 18 years of age.
- 2) Be of good moral character and not been convicted of a drug-related felony.
- 3) Have a high school diploma or equivalent or currently enrolled in a program that awards such degree or certificate.
- 4) Have completed a Board-approved training program or a minimum of 500 hours of employment as a pharmacy technician trainee.
- 5) Passed a Board-approved pharmacy technician assessment examination administered by the employer or the employer's agency

Registration Requirements for Certified Applicants (247 CMR 8.04)

- 1) Be at least 18 years of age
- 2) Be of good moral character and not been convicted of a drug-related felony
- 3) Have a high school diploma or equivalent or currently enrolled in a program that awards such a degree or certificate
- 4) Currently certified by the Exam for the Certification of Pharmacy Technician (EXCPT) or the Pharmacy Technician Certification Board (PTCB).

Application Instructions

Applicants must complete the attached application and submit it to PCS with required fees. Applications should be typewritten or legibly printed in blue or black ink. An applicant must have a Social Security Number or an Affidavit in Support of Registration to be registered with the Board. The applicant must sign the completed application in the presence of a notary public and attach a 2" x 2" photo of the applicant. Non-Certified Applicants: A Pharmacy employer must verify employment history by completing the Employer Verification of Experience and Examination form enclosed. Certified Applicants must provide a copy of their current PTCB/EXCPT Certification Registration.

Applicants registered as a Pharmacy Technician in another U.S. jurisdiction must attach a letter of official verification from the Board of original registration. A copy of the certificate will not be accepted.

Once all documentation is received by PCS, the application will be reviewed; if approved, PCS will notify the applicant and assign an official Massachusetts registration number within ten (10) business days from the date that PCS received the application. The Board will issue the official registration card within four to six weeks of registration number assignment.

Application Fee

\$150.00—Forms of Payment include: Visa, MasterCard, Discover or Money Order (made payable to PCS); see attached Payment Form. *Fees submitted cannot be refunded or transferred.*

Contact Information

Applicants may contact PCS with questions regarding registration, or to inquire about application status by calling toll-free (877) 887-9727 (8:00am-4:30pm CST) or email techlicense@pcshq.com.

Application Materials must be submitted to:
Professional Credential Services
Attn: Pharmacy Coordinator
P.O. Box 198788, Nashville, TN 37219-8689

Requirement for Social Security Number

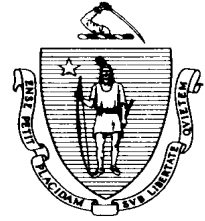
The Massachusetts Board of Registration in Pharmacy Staff (Board) wishes to inform applicants that a social security number (SSN) is required in order to obtain any professional pharmacy license, including that of a pharmacy intern or pharmacist.

As mandated by Massachusetts law, the Board requires license applicants to submit a valid SSN as a condition of issuing or renewing the license. M.G.L. c. 30A, § 13A.

The Board recognizes an exception to this rule for issuing initial licenses to foreign applicants not physically present in the United States, and individuals whose visa for entry is related to employment involving a professional license. See 8 U.S.C. § 1621.

Once the license has been issued, license holders must obtain and submit a valid SSN as a condition of license renewal.

**Massachusetts Board of
 Registration in Pharmacy**
**Pharmacy Technician
 Registration Application**



All Pharmacy Technicians working in the Commonwealth of Massachusetts must complete this form and be registered with the Board of Registration in Pharmacy prior to working in a Pharmacy as a Pharmacy Technician.

SOCIAL SECURITY NUMBER (SSN) |_|_|_|-|_|_|-|_|_|_|_|

A. Biographical Information.

Provide all information as requested. Applications are not considered complete until all requested information is provided.

First Name _____ Middle Name _____ Last Name _____ Suffix/Other/Maiden _____

MOTHER'S MAIDEN NAME _____ FEMALE MALE

DATE OF BIRTH |_|_|_|_|_|_| CITY/STATE/COUNTRY OF BIRTH _____

HEIGHT _____ (FT) _____ (IN) WEIGHT _____ (LBS) EYE COLOR _____

Home Address

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____

Telephone Number _____ Fax Number _____ Email Address _____

B. Academic and Professional

Credentials. Applicants should review registration requirements at 247 CMR 8.02 or 247 CMR 8.04 on-line at: www.mass.gov/dph/boards.ph

Name of High School _____ City/State/Country of High School _____

Did you earn: (*indicate one*) Diploma Graduation Date: _____
 mm/dd/yy

GED Graduation Date: _____
 mm/dd/yy

Please complete one of the following categories:

1) Certified Applicants

Certification program for pharmacy technicians
 Please indicate one: EXCPT PTCB

Certificate Number _____

Date of Examination: _____
 Month/Day/Year

Certification Status: Current
 Expired

Certified applicants MUST provide a copy of their current PTCB/EXCPT Certification Registration.

B. Academic and Professional Credentials. Applicants should review registration requirements at 247 CMR 8.02 or 247 CMR 8.04 on-line at: www.mass.gov/dph/boards.ph/.

2) Non-Certified Applicants

Have you passed a Board-approved Pharmacy Technician Assessment exam? Yes No

Date of Examination: _____ Score: _____ (min. passing score of 75% required)
Month/Day/Year

Location of Examination: _____

Administered by (employer): _____

Please indicate which of the following requirements you have completed:

- A minimum of 500 hours of employment as a pharmacy technician trainee
- A Board-approved pharmacy technician training program

Verification of experience must be provided by employer on the attached Employer Verification Form.

Have you ever been registered as a Pharmacy Technician in another state or U.S. jurisdiction?

Yes No

If yes, please complete the following:

State	License Number	Date Licensed	Current	Lapsed	Revoked or Suspended	Probation

If you are registered as a Pharmacy Technician in another state, you must obtain a letter of verification of licensure from each state, either current or expired. It must be in letterform and on letterhead of the board where registered. A copy of your registration card is not acceptable.

D. Questions.

Answer each of the questions listed. If you answered yes to any, please attach a **personal statement** of explanation. All questions must be answered. A certified copy of any conviction (No. 5) must **also be included with your personal statement.**

1. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any country or foreign jurisdiction? Yes No
2. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction? Yes No
3. Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any country or foreign jurisdiction? Yes No
4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes No
5. Have you been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any investigation or any court proceeding in relation to any felony or misdemeanor charge? If YES, please attach a typewritten 8 1/2" by 11" sheet(s) of paper which provides dates and details describing the circumstances related to the matter(s); provide certified copies of court documents of any convictions (defined as any plea that is accepted by a court); and complete a Criminal Offender Record Information Request (CORI) Form (available at peshq.com). Yes No

(Note: Conviction of a crime does not necessarily bar registration; however, failure to disclose may result in denial of application or other disciplinary action by the Board.)

E. Affidavit.

Application must be signed in the presence of a notary public. Application will not be processed unless signed by the applicant and notarized.

By my signature below, I certify under the pains and penalties of perjury, that:

1. I am the applicant named in this application and pictured in the attached photograph.
2. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration in Pharmacy to deny this application and/or revoke the right to function as a Pharmacy Technician, in accordance with Massachusetts law.
3. I understand that the Massachusetts Board of Registration in Pharmacy has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial licensure and/or registration by examination or by reciprocity, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.
4. I agree that in the event my examination papers are lost, or if the examination is not held for any reason, any claim that I may have will be limited to the examination fee paid by me.
5. I understand that this application is void if requirements are not met within one year from the date of receipt. I also understand that the fees are non-refundable and non-transferrable.
6. I am responsible for reading, understanding, and abiding by the rules and regulations of the Board of Registration in Pharmacy; statutes pertaining to the practice of pharmacy (M.G.L. c.112, ss. 24-42 and c. 94C); and 247CMR (Commonwealth of Massachusetts Regulations).
7. Pursuant to M.G.L. c. 119, s. 51A and M.G.L. c. 112, s. 1A, I understand my obligation to report the abuse or neglect of children.
8. Pursuant to M.G.L. c. 62C, s. 49A, to the best of knowledge and belief, I have filed all Massachusetts state income tax returns and paid all taxes required by law.

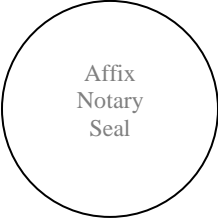
Attach
2 x 2 Photo of
Candidate

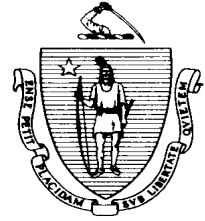
Applicant Signature *(signed in the presence of a Notary Public)* _____
Date

Print Name of Notary Public _____

Signature of Notary Public

My commission expires on: _____
Month/Day/Year





Payment Form

Pharmacy Technician Application Fee - \$150

Please check form of payment below:

- Money Order

Please make it payable to "PCS" for the total amount of the application fee. Do Not staple your payment to this form.

Or

- Credit Card

Authorized payment amount: \$ _____ Please check one: Visa MasterCard Discover

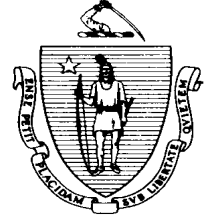
Card Number: _____ - _____ - _____ - _____ Exp: ____ / ____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form.

NOTE: this document will be shredded after it has been processed.



Employer Verification of Experience and Examination

This form is to be completed by the Pharmacist Employer for Non-Certified Applicants.

A. Applicant Information.

Provide information of Pharmacy Technician who is to be registered.

Please type or print using blue or black ink only.

First Name	Middle Name	Last Name	Other/Maiden
Date of Birth		Social Security Number or Affidavit in Support of Registration	

B. Pharmacist Information.

This section is to be completed by the Pharmacist Employer.

Applicant Does Not Complete This Section.

Supervising Pharmacist must complete this section on behalf of applicant prior to submitting form to PCS.

Pharmacist's Name	State License No.	License Expiration Date
Pharmacy Name		
Pharmacy Location: Street Address		
City	State	ZIP Code
Email Address	Telephone Number	

- 1) Is the applicant named above currently working under your supervision? Yes No

- 2) Training / Experience
 - A.) Successfully completed hours of supervised experience as a pharmacy technician trainee Yes No
 List the number of hours _____

 - B.) Successfully completed a Board-approved training program Yes No
 Identify the Board-approved training: _____

- 3.) Did the applicant pass a Board-approved pharmacy technician assessment examination? Yes No
 Date of examination: _____ Score: _____ (min. passing score of 75% required)
 Administered by (employers name): _____

By my signature below, I hereby certify, under the penalties of perjury, that the information above is true and accurate.

 Signature of Pharmacist

 Date