



## Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

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### Pharmacy Technician License Reinstatement Requirements

Arizona law requires a pharmacy technician whose Arizona pharmacy technician license has been delinquent for five or more consecutive years to furnish to the Board satisfactory proof of fitness to be licensed as a pharmacy technician and pay all past due renewal and penalty fees. The reinstatement requirements are different for practicing and non-practicing technicians. Please review the following to determine the reinstatement requirements that are applicable to your situation.

#### Practicing Technicians

If you have a delinquent Arizona license, but have been practicing *out-of-state* as a pharmacy technician with a pharmacy technician license issued by another state or jurisdiction, you must submit:

1. A completed reinstatement application;
2. Proof of current, unrestricted pharmacy technician licensure in another state or jurisdiction;
3. Proof of employment as a pharmacy technician during the last 12 months (e.g. check stubs showing work as a technician at a pharmacy);
4. All past renewal and penalty fees (see chart below).

#### Non-Practicing Technicians

If you have a delinquent Arizona license and have not practiced as a pharmacy technician within the last 12 months, you must submit:

1. A completed reinstatement application;
2. Proof that you have taken the PTCB or ExCPT examination (you must take/retake the examination specifically for this purpose);
3. Proof of your completion of 20 contact hours or two CEUs of continuing education activity sponsored by an approved provider, including at least two hours of continuing education activity in pharmacy law and three hours in opioid-related, substance use disorder-related or addiction-related continuing education within the past two years;
4. All past renewal and penalty fees (see chart below).

## Reinstatement Fee Charts

### Odd Renewal Cycle (Will validate through October 31, 2021)

The following fees are for licensees in the odd renewal cycle. If your license is in the odd renewal cycle and you are reinstating in **September** or **October**, you will need to add the \$72.00 renewal fee to the fee below to take your license through October 31, 2023.

Expired	Fee
10/31/2015	\$324.00
10/31/2014	\$378.00
10/31/2013	\$432.00
10/31/2012	\$486.00
10/31/2011	\$540.00
10/31/2010	\$594.00
10/31/2009	\$648.00
10/31/2008	\$685.50
10/31/2007	\$723.00
10/31/2006	\$760.50
10/31/2005	\$798.00

### Even Renewal Cycle (Will validate through October 31, 2022)

The following fees are for licensees in the even renewal cycle:

Expired	Fee
10/31/2015	\$378.00
10/31/2014	\$432.00
10/31/2013	\$486.00
10/31/2012	\$540.00
10/31/2011	\$594.00
10/31/2010	\$648.00
10/31/2009	\$702.00
10/31/2008	\$723.00
10/31/2007	\$760.50
10/31/2006	\$798.00
10/31/2005	\$835.50

All fees must be paid by check or money order. Please make your check payable to the Arizona State Board of Pharmacy.

If you have any questions, please contact the Board office at 602.771.2727.



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**FOR AGENCY USE ONLY**

License No.	Fee	Check #	Receipt #
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**Application for Pharmacy Technician License Reinstatement**

You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

**Applicant Information**

- Provide your legal name (First Middle Last)\_\_\_\_\_
- Arizona License Number\_\_\_\_\_ 3. Date of Birth\_\_\_\_\_
- Do you have an NABP e-Profile ID? If yes, please provide the number. Yes No  
e-Profile ID #\_\_\_\_\_
- Residential Address  
Street Address\_\_\_\_\_ Unit/Apt. No.\_\_\_\_\_  
City\_\_\_\_\_ County\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_
- Mailing Address Same as Above  
Street Address\_\_\_\_\_ City\_\_\_\_\_ County\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_
- Phone Number\_\_\_\_\_ 8. Email Address\_\_\_\_\_
- Are you licensed to practice as a pharmacy technician in any other state or jurisdiction? Yes No  
If yes, list the state or jurisdiction issuing the license and its status. \_\_\_\_\_
- Have you been employed as a pharmacy technician during the past 12 months? Yes No  
If yes, provide the information below.  
Name of Pharmacy\_\_\_\_\_ Street Address\_\_\_\_\_  
City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_  
Phone\_\_\_\_\_ Fax\_\_\_\_\_  
Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

**Regulatory Questions**

- Since you last renewed this license, has any formal disciplinary action, including but not limited to, censure, fine, suspension, probation, restriction of practice or revocation, been taken against any of the licenses you hold or have held in this or any other state or jurisdiction? If yes, attach full details, which must include the nature and date of each action and the state or jurisdiction involved. You must also provide a copy of the Order relating to the disciplinary action. Yes No

12. Do you have any disciplinary actions, sanctions or investigations pending against a professional license or certificate? If yes, attach full details. Yes      No
13. Since you last renewed this license, have you been arrested for, charged with, pled guilty or no contest to, or been convicted of a felony or misdemeanor offense? (You must answer "yes" even if an arrest or conviction has been pardoned, expunged, set aside, dismissed or your civil rights have been restored.) If yes, attach full details, which must include the date, court, case number, state of prosecution and nature of the charge(s). You must also provide court documentation related to the case(s). Yes      No
14. I state and depose that all facts, statements and answers provided in this application and its attachments are true and correct; I am not omitting any information that may be of value to this Board in determining my qualifications; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds upon which to deny my application for licensure and shall serve as sufficient grounds for the revocation, cancellation, or suspension of my license in pharmacy if it is not discovered until after issuance. A.R.S. § 32-1267.

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Signature

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Date

**Please be advised of the following pursuant to Arizona Revised Statutes (A.R.S.) § 41-1030:**

- A.R.S. § 41-1030 (B)      An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- A.R.S. § 41-1030 (D)      This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- A.R.S. § 41-1030 (E)      A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
- A.R.S. § 41-1030 (F)      This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Pursuant to section 41-1093.01, Arizona Revised Statutes, an agency shall limit all occupational regulations to regulations that are demonstrated to be necessary to specifically fulfill a public health, safety or welfare concern. Pursuant to sections 41-1093.02 and 41-1093.03, Arizona Revised Statutes, you have the right to petition this agency to repeal or modify the occupational regulation or bring an action in a court of general jurisdiction to challenge the occupational regulation and to ensure compliance with section 41-1093.01, Arizona Revised Statutes.