ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
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www.azpharmacy.gov

Application Received:	
Administrative Review:	
Substantive Review:	
Completeness Notice:	

FOR AGENCY USE ONLY

ASBP Approval:		License No.:		Fee:		Receipt No.:	
Effective Date:		Certificate Mailed:		Check No.:		Check Date:	
Fee From:		Fee To:					

052214

Application for Pharmacy Technician Licensure

INSTRUCTIONS

Requirements for Pharmacy Technician Trainees

- Provide proof of age (must be at least 18 years of age) & legal US residency (US birth certificate, US passport, certificate of birth abroad, naturalization certificate, permanent resident card, Native American tribal record, or asylee/refugee visa). You must be able to provide proof you are eligible to work in the US. If you are uncertain of your residency status, please contact the Board prior to applying for licensure. The ASBP cannot issue a license to those holding an employment authorization card, issued under the following categories:

  A11 (Deferred Enforced Departure)
  C14 (Deferred Action)
  C33 (Deferred Action for Childhood Arrivals)

- Provide proof of high school graduation or equivalent of high school graduation (copy of transcripts showing graduation date, statement from school district or board stating you graduated on a specific date, GED certificate, or GED test results showing that you have completed and passed the courses).
- Provide copy of state or federally issued photo ID (i.e. driver's license).

Requirements for Certified Technicians

- Provide proof of age (must be at least 18 years of age) & legal US residency (US birth certificate, US passport, certificate of birth abroad, naturalization certificate, permanent resident card, Native American tribal record, or asylee/refugee visa). You must be able to provide proof you are eligible to work in the US. If you are uncertain of your residency status, please contact the Board prior to applying for licensure. The ASBP cannot issue a license to those holding an employment authorization card, issued under the following categories:

  A11 (Deferred Enforced Departure)
  C14 (Deferred Action)
  C33 (Deferred Action for Childhood Arrivals)

- Provide copy of state or federally issued photo ID (i.e. driver's license).
- Provide PTCB certificate, wallet card, or letter of passing. The ASBP does not accept the iCPT/ExCPT exam.

Fees
Application fees are **$46.00** for a TechnicianTrainee
Application fees are **$36.00** for a Technician Trainee Reapply *(one time only)*
Application fees for a Certified Technician are prorated *(please contact the Board)*

APPLICABLE RULES AND STATUTES

Please familiarize yourself with the Rule(s) and/or Statute(s) listed below for more details about your technician licensure.

Rules	Statutes
R4-23-1101, 1102, 1103, 1104, 1105, 1106	A.R.S. § 32-1923.01, 1925, 1926
	A.R.S. § 32-1927.01, 1933

ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), Title 8, U.S.C §1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant's, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

CITIZENSHIP OR NATURAL STATUS DECLARATION

Are you a U.S. Citizen or a legal resident with permission to work within the United States?

◯ **Yes** ◯ **No**

Indicate place of birth

City

County

State

Country

ALIEN STATUS DECLARATION

If you answered "No" to the citizen or national question above, please indicate your alien status by checking the appropriate box below:

Qualified Alien Status

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

☐ 2. An alien who is granted asylum under Section 208 of the INA.

☐ 3. A refugee admitted to the United States under Section 207 of the INA.

☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.

☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.

☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

☐ 7. An alien who is a Cuban and Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980).

☐ 8. An alien who has, or whose child or child's parent has, been declared a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status

☐ 9. An alien not in categories 1 through 8 who has been admitted to the United States for a limited period of time (a nonimmigrant). Nonimmigrant's are persons who have temporary status for a specific purpose.

If you checked Item 9, answer the following:

Do you have a nonimmigrant visa for entry that is related to employment in the United States for which you are applying for a license?

◯ **Yes** ◯ **No**

☐ 10. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).

APPLICANT CONTACT INFORMATION

Type of Technician

◯ **Technician (PTCB)** ◯ **Technician Trainee** ◯ **Technician Trainee Reapply** *(attach description of reason for reapply)*

First Name

Middle Name

Last Name

Suffix

Street Address

City

County

State

Zip Code 99999 or 99999-9999

Foreign Postal Code

Phone 999-999-9999

Email name@domain.com

ALTERNATE MAILING ADDRESS

☐ **Check if mailing address is the same as above address. If not, please enter it here.**

Street Address

City

County

State

Zip Code 99999 or 99999-9999

Foreign Postal Code

IDENTIFICATION INFORMATION

Date of Birth

Gender

◯ **Male** ◯ **Female**

Social Security Number **(Pursuant to A.R.S. § 25-320 this is mandatory)**

Have you ever been known by any other name?
If yes, enter here

PHARMACY PRACTICE SITE

If you are not currently employed in a pharmacy but are enrolled in a pharmacy technician program or school, please provide us with this information. If you are neither employed in a pharmacy nor enrolled in a pharmacy technician program or school, you may skip this pharmacy practice site section.
You are required to notify us, in writing, within 10 business days upon employment within a pharmacy.

☐ **I am not currently employed.**

Name of Pharmacy or Technician Program or School

Street Address

City

State

Zip Code 99999 or 99999-9999

Phone 999-999-9999

Ext

Fax 999-999-9999

If a licensee practices in more than one location, a relief certificate will be needed per location (up to 5). Relief certificates can be requested at any time of application or at a future date by contacting the board office.

# of Relief Certificates Needed ($10.00 ea)

DENIED LICENSE

Has any jurisdiction denied the applicant a pharmacy technician license or any other professional or occupational license? If so, you must detail those denied licenses below. Please attach additional pages if more space is required.

State

When Denied

Explanation

OTHER LICENSE

Has the applicant ever been licensed as a pharmacy technician or any other professional or occupational license? If so, you must detail each license below. For current licensure please provide status (e.g. active, inactive, revoked, suspended, probation, reprimand) and any pending disciplinary action against the license.

State

Original Licensure Date

Renewal Date(s)

Status

RECORD OF CHARGES

Have charges involving moral turpitude or violations of a misdemeanor or felony or actions taken by any other licensing agency ever been made or are pending against you? If so, you must detail those charges below. Also, please attach any documents that help define these charges, convictions or fines. Please attach additional pages if more space is required.

CHARGE, CONVICTION OR FINE

Month

Year

City

County

State

Explanation

QUESTIONS

Have you ever been arrested for, pled guilty to, or been convicted of a felony or misdememeanor offense (You must answer "yes" even if an arrest or conviction has been pardoned, expunged or dismissed; or that your civil rights have been restored)? If yes, attach full details which must include the date, court, case number and state of prosecution.

◯ **Yes** ◯ **No**

Do you have any medical, physical or psychological conditions that may in any way currently impair or limit your ability to safely practice? If yes, please provide further information.

◯ **Yes** ◯ **No**

Do you currently habitually abuse alcohol to the extent it would impair your ability to practice pharmacy?

◯ **Yes** ◯ **No**

Within the last five years have you been addicted to or habitually abused narcotics and/or illegal substances?

◯ **Yes** ◯ **No**

Are you presently addicted to or habitually abusing narcotics and/or illegal substances?

◯ **Yes** ◯ **No**

- I hereby give my permission for the Arizona State Board of Pharmacy to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- I will notify the Board in writing within 10 working days if charged with or convicted of a misdemeanor or felony involving conduct that is in violation of A.R.S. § 32.1901.01 (Unethical and Unprofessional Conduct).
- I have included the required fee for this technician license. I understand this fee is non-refundable.
- I intend to practice my profession in pharmacy in keeping with the spirit and the letter of the Pharmacy Act of Arizona and all the laws and rules enacted in the future.
- I certify that I have read all the questions on this application.

ATTESTATION

☐ **I state and depose that all facts, statements and answers outlined in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications, whether it is called for or not; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure or withholding 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**

Signature

Date