

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Care Services
Board of Pharmacy
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Lansing MI 48909
(517) 335-0918
www.michigan.gov/healthlicense



APPLICATION FOR BOARD APPROVAL OF PHARMACY TECHNICIAN EXAMINATION BY A NATIONALLY RECOGNIZED ORGANIZATION

INSTRUCTIONS

Authority: Public Act 368 of 1978, as amended.

GENERAL INFORMATION:

1. This application is to be used by a nationally recognized organization that administers a certification examination for pharmacy technicians. Such organizations may request Board of Pharmacy approval of a Pharmacy Technician Examination under MCL 333.17739a(1)(d)(iii). This application is not to be used by employers of pharmacy technicians seeking board approval of an employer-based program and/or examination. There is a separate application form for employer-based programs and examinations.
2. To be considered for approval, please submit a copy of the examination along with the test specifications, examination blueprint and psychometric studies regarding the validity and reliability of the examination.
3. Approved examinations are listed on the Michigan Board of Pharmacy page of the LARA website, here: http://michigan.gov/lara/0,4601,7-154-35299_63294_27529_27548---,00.html

SECTION I. EXAMINATION INFORMATION

| | | |
|---|--------|--------|
| Nationally recognized organization administering the examination: | | |
| Address: | | |
| City: | State: | ZIP: |
| Contact Person for the organization: | | |
| Title: | Email: | Phone: |

SECTION II. CERTIFICATION

I hereby certify under penalty of perjury that the information provided is true and accurate.

Signature of Organization Affiliate

Date

Print Name & Title

BOARD REVIEWER ONLY

| | |
|---|------------------------------|
| The examination is approved (check one): | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| Explanation: | |
| Is additional information required (check one)? | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| Additional information required: | |
| Explanation: | |
| Board reviewer's signature: | Date: |