



Bureau of Professional Licensing
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APPLICATION FOR A PHARMACY TECHNICIAN LICENSE

Authority: 1978 PA 368

Type or Print Clearly

Applicant's Name (First, Middle, Last)	10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>		
U.S. Social Security Number	Date of Birth		
Address			
City	State	Zip Code	Country
Telephone Number	Email Address		
List any other name or alias by which you have ever been known, including maiden name, if applicable: _____			

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY	
Pharmacy Technician – Endorsement \$57.20 5303-09 Pharmacy Technician – By Exam \$57.20 5303-01 Pharmacy Technician – Relicensure \$77.20 5303-06 Pharmacy Technician – Temporary \$41.60 5303-04	License Number	Issue Date
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.		

LARA/BPL-PHARMTECHAPP (11/17)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Professional Education

(Attach additional sheets if necessary)

Identify the entity below that maintains your examination scores. Check one box only.

Pharmacy Technician Certification Board (PTCB)
National Healthcareer Association (NHA)
Employer-Based Training Program

Provide Certification Number:

High School Education

Have you graduated from high school or passed the general educational development test (GED) or other graduate equivalency examination?

Yes No

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a pharmacy technician license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed and/or if disciplinary proceedings are currently pending against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed and/or pending disciplinary proceedings against a license or registration, you must submit documentation that sanctions are not in force or there are not pending disciplinary proceedings at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration OR are there Pending Disciplinary Proceedings? (If Yes, be Specific)

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony?

Yes No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?

Yes No

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (**except those applicants seeking relicensure, if the license expired within the last three years**).

Pharmacy Technician License by Endorsement

Applicants for licensure by endorsement:

- Must have graduated from high school or passed the general educational development test (GED) or other graduate equivalency examination.

In addition to meeting the above requirement, applicants by endorsement must submit the following:

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a pharmacy technician administrator. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- **If you have been licensed less than 5 years in another state prior to applying for a Michigan license,** certification of your examination scores must be submitted directly to this office from one of the following: Pharmacy Technician Certification Board (PTCB) at www.ptcb.org (PTCB scores will be obtained from their website); National Healthcareer Association at www.nhanow.com; your employer-based training program.

Pharmacy Technician License by Exam

Applicants for licensure by exam:

- Must have graduated from high school or passed the general educational development test (GED) or other graduate equivalency examination.

In addition to meeting the above requirement, applicants by examination must submit the following:

- Certification of your examination scores must be submitted directly to this office from one of the following: Pharmacy Technician Certification Board (PTCB) at www.ptcb.org (PTCB scores will be obtained from their website); National Healthcareer Association at www.nhanow.com; your employer-based training program.

Pharmacy Technician Relicensure

Applicants for relicensure must submit the following:

- Submit copies of certificates showing proof of having completed 20 hours of continuing education within the 2-year period immediately preceding the application for relicensure including 1 hour in pain and symptom management relating to the practice of pharmacy, 1 hour in patient safety, 1 hour in pharmacy law and 17 hours of pharmacy-related subject matter including the following topics: Medication or drug distribution; Inventory control systems; Mathematics and calculations; Biology; Pharmaceutical sciences; Therapeutic issues; Pharmacy operations; Pharmacology, drug therapy or drug products; Preparation of sterile products; Prescription compounding; Drug repackaging; Patient interaction or interpersonal skills and communication. A minimum of 5 hours must be obtained by attending live programs, courses or activities.
- **If you hold a current and valid license in another state,** verification/certification of license must be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a pharmacy technician. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- **If your Michigan license has lapsed for 3 or more years and you do not hold a current and valid license in another state,** certification of your examination scores confirming you have passed the examination within 2 years of the period immediately preceding the application for relicensure must be submitted directly to this office from one of the following: Pharmacy Technician Certification Board (PTCB) at www.ptcb.org (PTCB scores will be obtained from their website); National Healthcareer Association at www.nhanow.com; your employer-based training program.

Pharmacy Technician Temporary License

- The temporary pharmacy technician license is issued upon receipt of the application, fee and cleared fingerprint/criminal background check report.

CERTIFICATION AND SIGNATURE

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organizations. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature

Date