



Bureau of Professional Licensing
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[BPL-Board Support@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)

APPLICATION FOR BOARD APPROVAL OF A MODIFICATION TO AN EMPLOYER-BASED TRAINING PROGRAM PROFICIENCY EXAMINATION

Authority: Public Act 368 of 1978, as amended.

Employer-based pharmacy technician training programs and proficiency examinations must be approved by the Michigan Board of Pharmacy. This application must be used by employers seeking board approval to modify a previously approved employer-based pharmacy technician examination, under R 338.3654(5).

The Pharmacy Technicians rules can be found online at <https://www.michigan.gov/lara/bureau-list/bpl/resources>.

Submit the application and supporting documentation via email to the Bureau of Professional Licensing at BPL-BoardSupport@michigan.gov.

SECTION I. EMPLOYER INFORMATION		
Employer/Pharmacy Name:		
Pharmacy License #:	Board-approval #:	
Address:		
City:	State:	ZIP:
Contact Person for the Training Program:		
Title:	Email:	Phone:

SECTION II. EXAMINATION – Fill out only for Employer based training program proficiency examination

Date of last board review (MM/DD/YYYY):

Submit both of the following with this application form:

- 1) A copy of the examination with each question numbered and the correct answer clearly identified
- 2) The examination grading procedure.

Examinations are required to have at least one question on each of the following subjects in accordance with MCL 333.17739a(1)(d)(iv).

SUBJECT	List every question number that meets this category	Mark if modified since last approval
1) Pharmacy job descriptions		
2) Pharmacy security		
3) Commonly used medical abbreviations		
4) Routes of administration		
5) Product selection		
6) Final check by pharmacists		
7) Guidelines for the use of pharmacy technicians		
8) Pharmacy terminology		
9) Basic drug information		
10) Basic calculations		
11) quality control procedures		
12) State and federal regulations regarding pharmacy technician duties		
13) Pharmacists duties		
14) Pharmacy intern duties		
15) Prescription or drug order processing procedures		
16) Drug record keeping requirements		
17) Patient confidentiality		
18) Pharmacy security and drug storage		

SECTION III. CERTIFICATION OF TRAINING PROGRAM

I hereby certify that:

I have read R 338.3654 and the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of the pharmacy technician training program and/or examination.

If not signed and dated, your application will not be complete.

Signature of Training Program Affiliate

Print Name & Title

Date