

APPLICATION FOR BOARD APPROVAL OF EMPLOYER-BASED PHARMACY TECHNICIAN TRAINING PROGRAM & EXAMINATION

EMPLOYER INSTRUCTIONS

Authority: Public Act 368 of 1978, as amended.

GENERAL INFORMATION:

1. This application is to be used by Employers seeking board approval of Employer-based Pharmacy Technician Programs and Employer-based Pharmacy Technician Program Examinations. Applicants that do not seek approval of an examination do not need to complete Section II of this application. Applicants that do seek approval of an examination shall submit a copy of the examination in full in addition with this application.
2. Applications must be submitted to the Department at least 60 days prior to administering the examination, R 338.3651(b)(iii)(A).
3. Examinations must have a minimum of 100 questions that include at least 1 question on each of the subjects listed in Section II.
4. Approval of an Employer-based Pharmacy Technician Training Program requires self-certification. See Section III.
5. Application and supporting documentation should be submitted electronically to **BPL-BoardSupport@michigan.gov**.

ADDITIONAL INFORMATION:

The following are approved examinations:

- a) The certified pharmacy technician examination given by the Pharmacy Technician Certification Board, MCL 333.17739a(1)(d)(i).
- b) The certified pharmacy technician examination given by the National Healthcareer Association, MCL 333.17739a(1)(d)(ii).

The following are approved pharmacy technician programs, R 338.3655:

- a) A pharmacy technician program that is accredited by the accreditation council for pharmacy education (ACPE).
- b) A pharmacy technician program that is offered by a pharmacist education program that is accredited by the accreditation council for pharmacy education (ACPE).
- c) A comprehensive curriculum-based pharmacy technician education and training program conducted by a school that is licensed pursuant the Proprietary Schools Act, 1943 PA 148.

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

SECTION II. EXAMINATION SUBJECT CHECKLIST	
<i>Employers must complete this section if submitting an exam for board approval.</i>	
Date of latest exam revision (MM/DD/YYYY):	
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	Number of Questions
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	
<p>I hereby certify that the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of this continuing education program.</p> <p>If not signed and dated, your application will not be complete.</p> <p>_____</p> <p>Signature of Training Program Affiliate Print Name & Title Date</p>	

SECTION III. CERTIFICATION OF TRAINING PROGRAM

I hereby certify that the statements made in this application are true, complete, and correct, and the materials submitted accurately reflect the presentation and administration of this continuing education program.

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

I further certify that this training program adequately prepares pharmacy technician trainees with the knowledge and skills necessary for performance of the duties and responsibilities for pharmacy technicians as outlined in MCL 333.17739(1) and the contents of the training program offered include, at a minimum, all of the following:

- (a) The duties and responsibilities of the pharmacy technician and a pharmacist, including the standards of patient confidentiality and ethics governing pharmacy practice.
- (b) The tasks and technical skills, policies, and procedures related to the pharmacy technician's position pursuant to the duties specified in section 17739(1) of the code, MCL 333.17739(1), and R 338.3665.
- (c) The pharmaceutical-medical terminology, abbreviations and symbols commonly used in prescriptions and drug orders.
- (d) The general storage, packaging, and labelling requirements of drugs, prescriptions, or drug orders.
- (e) The arithmetic calculations required for the usual dosage determinations.
- (f) The essential functions related to drug purchasing and inventory control.
- (g) The record keeping functions associated with prescriptions or drug orders.

Signature of Training Program Affiliate

Print Name & Title

Date

The Training Program is approved: Yes _____ No _____

Explanation:

The Examination is approved: Yes _____ No _____

Explanation:

Is additional information required? Yes _____ No _____

Information required:

Explanation:

Board reviewer's signature:

Date: