



Bureau of Professional Licensing PO  
Box 30670 Lansing, MI  
48909 Telephone: (517)  
241-7500

[www.michigan.gov/bpl](http://www.michigan.gov/bpl)

[BPL-Board Support@michigan.gov](mailto:BPL-BoardSupport@michigan.gov)

## 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:  
[https://www.michigan.gov/documents/lara/Pharmacy\\_Technician\\_Training\\_Programs\\_and\\_Examinations\\_Approved\\_by\\_the\\_Board\\_7.12.18\\_627966\\_7.pdf](https://www.michigan.gov/documents/lara/Pharmacy_Technician_Training_Programs_and_Examinations_Approved_by_the_Board_7.12.18_627966_7.pdf)
4. Application and supporting documentation should be submitted electronically to **BPL- BoardSupport@michigan.gov**.

**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 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.

\_\_\_\_\_  
Signature of Organization Affiliate\_\_\_\_\_  
Print Name & Title\_\_\_\_\_  
Date**BOARD REVIEWER ONLY**

The examination is approved: Yes \_\_\_\_\_ No \_\_\_\_\_  
Explanation:

Is additional information required? Yes \_\_\_\_\_ No \_\_\_\_\_  
Required information:

Explanation:

Board reviewer's signature:

Date: