



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

## APPLICATION FOR BOARD APPROVAL OF A PHARMACY TECHNICIAN TRAINING PROGRAM AND/OR EXAMINATION

Authority: Public Act 368 of 1978, as amended.

Pharmacy technician training programs and proficiency examinations must be approved by the Michigan Board of Pharmacy. This application must be used by applicants seeking board approval of a pharmacy technician program under R 338.3655 and/or pharmacy technician examination, under R 338.3654.

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

### Applying for approval as a:

Pharmacy: \_\_\_\_\_ Proprietary School: \_\_\_\_\_ Community College: \_\_\_\_\_

Application and supporting documentation should be submitted electronically to [BPL-BoardSupport@michigan.gov](mailto:BPL-BoardSupport@michigan.gov).

SECTION I. APPLICANT INFORMATION		
Applicant name:		
Pharmacy License #:	MI Proprietary School License # (provide copy):	
Address:		
City:	State:	ZIP:
Contact Person(s) for the Training Program:		
Title:	Email:	Phone:

SECTION II. PROGRAM INFORMATION
<p>Is the pharmacy technician program accredited by:</p> <p>_____ The American Society of Health-System Pharmacists/Accreditation Council for Pharmacy Education (ASHP/ACPE) Pharmacy Technician Accreditation Commission.</p> <p>_____ An agency accredited by the United States Department of Education</p> <p>_____ None of the above</p> <p><b>If accredited</b>, provide a copy of the most recent accreditation certificate and complete Sections III and IV.</p>

**Unaccredited programs** must submit a written overview addressing **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, 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 labeling 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 recordkeeping functions associated with prescriptions or drug orders.

### SECTION III. EXAMINATION

Select the type of examination being given:

PTCB \_\_\_\_\_ NHA \_\_\_\_\_ Employer-based \_\_\_\_\_

Nationally recognized \_\_\_\_\_ and name of organization: \_\_\_\_\_

*If nationally recognized, submit a copy of current national accreditation with application.*

#### Complete the below for Employer-based training program proficiency examination only.

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

Approval number if applicable:

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

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.

SUBJECT	List every question number that meets this category
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) Pharmacist's 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 IV. CERTIFICATION OF TRAINING PROGRAM**

I hereby certify the following:

- 1) I am authorized to sign on behalf of the applicant.
- 2) I have read R 338.3654 and R 338.3655 and attest that the program and/or examination complies with these rules.
- 3) The statements made in this application are true, complete, and correct. The submitted materials support the presentation and administration of the pharmacy technician training program and/or examination.

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

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date