

**DIVISION OF MEDICAL QUALITY ASSURANCE  
BOARD OF PHARMACY  
4052 BALD CYPRESS WAY, BIN #C-04  
TALLAHASSEE, FLORIDA 32399-3254  
(850) 245-4292**



**PHARMACY TECHNICIAN REGISTRATION APPLICATION  
AND INSTRUCTIONS**

**JANUARY 2011**



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Dear Florida Pharmacy Technician Registration Applicant,

Thank you for applying for registration as a pharmacy technician in the State of Florida. The information in this packet has been designed to provide the essential information required to process your application in a timely manner. Your assistance in providing all required information will enable the Florida Board of Pharmacy (the board) staff to process your application as soon as possible. You are encouraged to apply as early as possible, to avoid delays due to a large volume of applicants.

*Florida Statutes* require a completed application before your application can be reviewed. You should use the enclosed checklist to ensure that all sections of the application are complete and that the required forms are submitted. Please read these instructions carefully and fully before submitting the application. You should keep a copy of the completed application and all other materials sent to the board office for your records. When you mail the completed application, use the address noted in the instructions and on the application form. You will receive a letter acknowledging receipt of your application. The staff will notify you within 30 days if any materials are incomplete.

If you need to communicate with the board staff, you are encouraged to email the board staff at [mqa\\_pharmacy@doh.state.fl.us](mailto:mqa_pharmacy@doh.state.fl.us), or you may call us at (850) 245-4292. Phone calls are returned within 24 hours and emails are responded to within 48 hours during normal business hours. Our staff is committed to providing prompt and reliable information to our customers. Many procedures have been streamlined to expedite the processing of applications; we certainly welcome your comments on how our services may be improved.

Sincerely,

The Florida Board of Pharmacy

## GENERAL INFORMATION

### Requirements for Florida Pharmacy Technician Registration

Effective January 1, 2011, any person who wishes to work as a pharmacy technician in the State of Florida must register with the Board of Pharmacy. To register with the Board of Pharmacy, an applicant must submit the following items:

1. Pharmacy Technician Registration Application
2. \$105.00 Fee (\$50.00 non-refundable application fee, \$50.00 registration fee, \$5.00 unlicensed application fee)
3. Proof of completion of a board-approved pharmacy technician-training program.

### Application Processing

**Please read all application instructions before completing your application.**

Within 30 days of receipt of your application, the board office will notify you of the receipt of your application, any required documents, and your status. In order to complete your application, please return the following with your application:

- 1) A copy of your U.S. social security card. The only acceptable social security cards are those issued by the Social Security Administration. **A card that is not valid for employment is NOT acceptable.** The following are the only types of cards that will be accepted:
  - a) A social security card that shows your name and social security number only, or
  - b) A social security card that shows your name and social security number with the legend, "VALID FOR WORK ONLY WITH INS AUTHORIZATION."

To obtain more information, or to apply for a social security number and card, you may contact the Social Security Administration at (800) 772-1213 or [www.socialsecurity.gov](http://www.socialsecurity.gov), or you may visit your local office.

- 2) Social Security form (enclosed).

ALL REQUIREMENTS FOR REGISTRATION MUST BE MET WITHIN ONE (1) YEAR OF THE RECEIPT OF YOUR APPLICATION OR THE APPLICATION WILL EXPIRE AND YOU WILL HAVE TO REAPPLY AND RESUBMIT ALL DOCUMENTS.

**IMPORTANT NOTICE:** Effective July 1, 2009, section 456.0635, Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been:

1. Convicted or plead guilty or nolo contendere to a felony violation of: chapters 409, 817, or 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss 1395-1396, unless the sentence and any probation or pleas ended more than 15 years prior to the application.

2. Terminated for cause from Florida Medicaid Program (unless the applicant has been in good standing for the most recent five years).
3. Terminated for cause by any other state Medicaid Program or federal Medicare Program (unless the termination was at least 20 years prior to the date of the application and the applicant has been in good standing with the program for the most recent five years).

**If applicable to you, please provide the documentation to the department.**

**Please submit the following to the Florida Board of Pharmacy:  
P.O. Box 6320, Tallahassee, FL 32314-6320**

**ITEM #1 Social Security Form:**

Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by federal statute. **The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes (F.S.), the collection of Social Security Numbers is required by section 456.013 (1)(a), F.S.** Social Security Numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security Numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317. **Please attach to Item #1 a copy of your Social Security Card.**

**ITEM #2 –Florida Pharmacy Technician Registration Application:**

All sections must be **completed in full**. If you answer “yes” to any of the questions in 5-12 on the application, submit a statement giving full details and certified official court copies of any supporting documents for the board to review. If an item is not applicable, indicate with N/A. N/A is not an acceptable answer for yes or no questions and could result in a delay of processing. Failure to submit a complete application will result in a delay of processing. If you provide false information, the board may deny your application for registration.

## **Regarding Prior Criminal History and Disciplinary Actions**

The Florida Board of Pharmacy receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

**Question:** What crimes or license discipline must be reported on the application?

**Answer:** All convictions, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, “driving while intoxicated (DWI)” and “driving under the influence “(DUI).” Crimes must be reported even if they are a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

**Question:** Can a person obtain a license if they have a misdemeanor or felony crime on their record?

**Answer:** Each application is evaluated on a case-by-case basis. The Board of Pharmacy considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

**Question:** Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?

**Answer:** Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

**Applicants with previous arrest or disciplinary action on a license will not be authorized to practice pharmacy until all documentation is cleared by staff or reviewed by the Board.**

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## APPLICATION CHECKLIST

**Keep a copy of the completed application for your records.**

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to submit required documentation to the Board will result in an incomplete application. **Final approval cannot be granted until the application is complete.** Faxed applications will not be accepted.

\_\_\_\_\_ **Social Security Form (Item #1)**

\_\_\_\_\_ **Copy of Social Security Card attached.**

\_\_\_\_\_ **Pharmacy Technician Registration Application (Item #2)**

\_\_\_\_\_ **Check made payable to the FLORIDA DEPARTMENT OF HEALTH in the amount of \$105.00 attached.**

\_\_\_\_\_ **Copy of your completed course certificate from a board approved training program.**

\_\_\_\_\_ **CRIMINAL HISTORY:** “Yes” responses to questions in this section require the following documentation:

\_\_\_\_\_ **Final Dispositions/Arrest Records:** The applicant must obtain and submit arrest and final disposition records for all offenses listed from the Clerk of the Court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.

\_\_\_\_\_ **Self-Report:** Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense.

\_\_\_\_\_ **HEALTH HISTORY:** “Yes” responses to questions in this section require the following documentation:

\_\_\_\_\_ Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any “yes” answer. Documentation should be current within the last year.





**FLORIDA BOARD OF PHARMACY**  
 P.O. Box 6320 • Tallahassee, FL 32314-6320  
 Phone: (850) 488-0595  
<http://www.doh.state.fl.us/mqa/pharmacy>

**ITEM #2 - Pharmacy Technician Registration Application**  
**FEE: \$105.00**

Please print or type legibly

1. Biographical data					
<b>Last name</b>		<b>First name</b>		<b>Middle name</b>	
<b>Street address (ML – Mailing Location)</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Work address (PL – Practice Location)</b> (If you are not employed, please list your mailing address below). If you have multiple practice locations, please submit on an additional sheet, attach with application.		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home phone number</b>		<b>Business phone number</b>		<b>Date of birth</b>	
<b>E-mail address</b>		<b>Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disasters?</b>			
		Yes _____ No _____			
<b>2. Equal Opportunity Data</b> – We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43FR38295 (August 25, 1978). The information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.					
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female					
RACE: <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other					
<b>3. Have you ever changed your name through marriage or through action of a court or have you ever been known by any other name? If yes, list name(s) and date(s) of the change(s) below. Use a separate sheet, if necessary.</b>					
Yes _____ No _____					
<b>Name</b>			<b>Date</b>		

<b>4. Have you completed a board approved training course according to Rule 64B16-26.351 (3), F.A.C.?</b>	
Yes _____ No _____	<b>If yes, include a copy of your completed course certificate.</b>
<b>5. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest, to a crime in any jurisdiction other than a minor traffic offense?</b>	
Yes _____ No _____	
(You must include all misdemeanors and felonies, even if adjudication was withheld by the court, so that you would not have a record of conviction. Driving under the influence or driving while impaired is <u>NOT</u> a minor traffic offense for the purposes of this question.)	
<b>6. Has disciplinary action ever been taken against your pharmacy technician registration, or any other professional license you may have in this state or any other state?</b>	
Yes _____ No _____	
<b>7. Have you ever surrendered your pharmacist or any other professional license in another jurisdiction when disciplinary action was pending?</b>	
Yes _____ No _____	
<b>8. Are you presently under investigation or is any disciplinary action pending against you?</b>	
Yes _____ No _____	

## CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE

**9. In the last five (5) years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**10. In the last five (5) years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**11. During the last five (5) years, have you been treated for or had a recurrence of a diagnosed physical impairment that has impaired your ability to practice pharmacy?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**12. In the last five (5) years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five (5) years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**13. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapters 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If no, do not answer 13a.)**

Yes \_\_\_\_\_ No \_\_\_\_\_

**13a. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**14. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 14a.)**

Yes \_\_\_\_\_ No \_\_\_\_\_

**14a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**15. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 15a and 15b.)**

Yes \_\_\_\_\_ No \_\_\_\_\_

**15a. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**15b. Did the termination occur at least 20 years prior to the date of this application?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**All of the above questions must be answered or your application will be returned for completion. If you answer "yes" to any questions in 5-16b, explain on a sheet providing accurate details, and submit a certified official copy of the order of the court or state board of pharmacy, supporting documents or all if applicable.**

Section 456.013(1)(a), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or changes stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department.

The statements contained in this application are true, complete and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations they deem appropriate and to secure any additional information concerning me. I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, board or any municipal, county, state, or federal government agencies or units, and that I understand according to the Florida Board of Pharmacy statutes, a pharmacy technician registration may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a license or permit, as set forth in section 456.015(2)(a), F.S.

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Applicant Signature

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Date