

Vermont Secretary of State
Office of Professional Regulation
Board of Pharmacy
National Life Building, North, FL 2
Montpelier, Vermont 05620-3402
Phone: (802) 828-2373 ** Fax: (802) 828-2465
E-Mail: kkemp@sec.state.vt.us
Web page: www.vtprofessionals.org

PHARMACY TECHNICIAN APPLICATION

INSTRUCTIONS TO APPLICANTS

You may contact Kristy Kemp at (802) 828-2373 if you have questions or need additional information. A copy of the current Board of Pharmacy statutes and rules are available via the Board's Web site at <http://vtprofessionals.org/opr1/pharmacists/>

Who must register as a pharmacy technician: A pharmacy technician is "an individual who performs tasks relative to dispensing and only while assisting and under the supervision and control of a licensed pharmacist." 26 V.S.A. § 2022 (13). This includes prescription data entry, drug selection from inventory, counting and labeling and pharmaceutical ordering and shelf stocking in the prescription department. Cashiers and delivery people who enter or have access to the prescription department must register as pharmacy technicians. (See Part 5 of the Board's Rules)

Your application must be complete before it will be sent to the Board for review. Applicable statute: 26 V.S.A. §§ 2042a - 2042b. See also Part 5 of the Board's Rules.

You must submit the following:

1. Completed application, signed and dated on last page.
2. Registration fee of **\$50.00**. Please make your check payable to "Vermont Secretary of State." Application/registration fees are non-refundable.
3. If applicable, provide a copy of your "certificate of pharmacy technician training," and indicate where acquired. Note: Formal training is not required for registration.

A Pharmacy Technician shall wear a name badge (first name and title, "Pharmacy Technician") while working in the prescription department (See Board Rule 5.2 (c)).

NOTE: All licensees renew on a fixed 24 month schedule: July 31 (odd numbered years). Applicants issued an initial registration more than 90 days prior to the renewal date will be required to renew and pay the renewal fee. Initial registrations issued within 90 days of the renewal date will not be required to renew and pay the renewal fee.

For information about formal certification programs, you may contact the National Association of Boards of Pharmacy as follows:

National Association of Boards of Pharmacy (NABP)
1600 Feehanville Drive
Mount Prospect, IL 60056-6014
Phone at (847) 391-4406
Fax: (847) 391-4502

Vermont Secretary of State
Office of Professional Regulation
National Life Building, North, FL 2
Montpelier VT 05620-3402



Kristy Kemp
Administrative Assistant
(802) 828-2373
kkemp@sec.state.vt.us
www.vtprofessionals.org

Board of Pharmacy

Application for Registration as a Pharmacy Technician

First Name	Middle Initial	Last Name	Circle One:
			Mr. Mrs. Ms. Dr.
Previous Name(s) (Maiden)			

Social Security Number: _____ / _____ / _____ (Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, and the Department of Labor in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request).

OR

Passport Number: _____ (If you do not have a social security number, you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a))

Mailing Address:	P.O. Box	
	Street/Apt #	
	City/State/Zip	
	Country	

911 Address: (if different than mailing)	P.O. Box	
	Street/Apt #	
	City/State/Zip	

Home Phone:	() -	Cell Phone:	() -
Work Phone:	() -	E-Mail:	

Date of Birth	Place of Birth (City, State, Country)	Gender: (Circle One)
		Female Male

Vermont Mandatory "Good Standing" Declarations

Child Support

Child Support Orders, 15 V.S.A. § 795(c): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

Taxes

Tax Compliance, 32 V.S.A. § 3113(b): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes or in full compliance with a plan to pay.

Unemployment Compensation

Unemployment Compensation, 21 V.S.A. §1378(b): As of the date of this application: (you must check one)	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.

District Court Fines / Judicial Bureau

Unpaid Judgments, 4 V.S.A. § 1110(b&c): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
<input type="checkbox"/>	I am not in good standing.*

* "Good standing" is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Vermont Mandatory Credential and Fitness Questions

Circle **Yes** or **No** for each of these questions. If the answer is **Yes** follow the instructions provided.

Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) denied an application by you for a license, certificate, or registration to practice a profession or occupation? <i>If "Yes," you must attach a copy of the order or official notification of the action(s).</i>	Yes	No
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Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If "Yes," you must provide a copy of the order or official notification of the action.</i>	Yes	No
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Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently under investigation by a licensing authority? <i>If "Yes," you must provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
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Have you been convicted of a crime other than a minor traffic violation? (Note: Driving While Intoxicated and Driving Under the Influence are not "minor traffic violations.") <i>If "yes," you must provide a detailed written explanation and attach the official court documents.</i>	Yes	No
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Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If "yes," you must provide a detailed written explanation and attach a copy of the charging documents.</i>	Yes	No
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Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11).

Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must have your health care provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
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Does your use of alcohol, substances, or prescription medications impair or limit your ability to practice this profession with reasonable skill and safety? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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Are you currently addicted to or in any way dependent on alcohol or habit forming drugs? <i>If "Yes," you must provide a detailed written explanation.</i>	Yes	No
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EMPLOYMENT HISTORY

EMPLOYMENT INFORMATION: List prior work experience during the last five years, beginning with the most recent, particularly, that which was related to health care.

Name of Pharmacy, Clinic, Hospital, etc.	City/State	Dates Worked: To/From	Responsibilities

CURRENT EMPLOYMENT

Name of Pharmacy where you are/will be employed:		
Street Address:		
City, State, Zip:		
Phone:	Fax:	E-Mail:

TRAINING

Indicate the source of your training as a pharmacy technician. (i.e., college, on-the-job, chain pharmacy's technician program, etc.)

SUPERVISOR

Name(s) of Supervising Pharmacist(s):

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (3 V.S.A. §2901)

Signature of Applicant	Date