



## California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

[www.pharmacy.ca.gov](http://www.pharmacy.ca.gov)

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

## PHARMACY TECHNICIAN APPLICATION INSTRUCTIONS

### HOW LONG WILL IT TAKE TO PROCESS MY APPLICATION?

- Allow the board 45 days to process your application.
- The board will notify you by mail if your application is not complete.
- Please do not contact the board to check on your application unless it has been on file for over 60 days.
- If your check has cleared your bank, the board has received your application.
- To check if your license was issued, go to [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov). Select “Verify a License” and enter your name. It takes four to six weeks from the date a license is issued to receive the physical license in the mail.

### WHAT MAKES AN APPLICATION COMPLETE?

Check the boxes below to be sure your application is complete before mailing it to the board.

- If your application is not complete, you will receive a “Deficiency Letter” in the mail.
  - You will then have 60 days to submit the required item(s).
  - If you do not submit the required item(s) within 60 days, you may have to file a new application with new fees and meet any new requirements.
- APPLICATION FEE \$140:** When you send your application, include a check or money order for \$140 made payable to the Board of Pharmacy. The application fee is non-refundable.
- APPLICATION FOR A PHARMACY TECHNICIAN LICENSE** (form 17A-5 (rev. 10/2015): Complete the entire application.

### AVOID COMMON MISTAKES

- The name on each form must be **EXACTLY THE SAME** as the name on your state driver’s license or state-issued identification card. Your name must be the same on each of the following documents:
    - ✓ Pharmacy Technician Application,
    - ✓ Request for Live Scan form or fingerprint cards, and
    - ✓ Self-Query Report.
  - Have you ever used a different name? List each prior name on the application under Previous Names.
    - ✓ Did you have a maiden name, married name, former name, AKA?
    - ✓ Have you ever used Jr., Sr., II, etc., with your name?
    - ✓ If you do not list all of your previous names, the board may not locate, match or verify your documents.
  - Do not leave anything blank; use “N/A” if a question doesn’t apply to you.
  - Do not let your school fill out Pages 1, 2 and 3 of your application.
  - You must sign and date the application. No one else can sign it for you. Signatures must be original and dated within 60 days of filing the application. No electronic signatures will be accepted.
- U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN):** Disclosure of your U.S. social security number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory and must be included on the application and on the Self-Query Report.

- ❑ **PHOTO:** Please attach a passport-style photo to page 1 of the application (2"x2" glossy color photo) taken within 60 days of filing the application. **DO NOT provide scanned images, Polaroids, or black-and-white photos.**
- ❑ **BASIC EDUCATION:** You must be a high school graduate or have a general education development certificate equivalent.

Attach **ONE** of the following (A, B, C, D, or E):

- A. **U.S. High School Graduate:** Attach an official, embossed transcript (academic record) or notarized copy of your high school transcript. It must have the graduation date on it. To get a copy of your high school transcript, contact your high school or its school district office.
- B. **Foreign High School Graduate:** Attach a notarized copy of your foreign secondary school diploma or certificate **OR** a notarized copy of your foreign secondary school transcripts. If not in English, then include a certified translation in English. The translation may be from an evaluation service that states your education is equal to graduating high school in the U.S.
- C. **High School Equivalency:** (Attach 1, 2, or 3 to show documentation of completing one of the three High School Equivalency Tests.)
  - 1. **General Educational Development (GED):** Attach an official transcript of your test results or equivalent. GED test results are official only if they are earned through an authorized GED Testing Center. To get your GED transcripts, go to <http://www.gedtesting.com/testers/gedrequest-a-transcript>. If your GED is from another state, you may need to request an official transcript of your GED test results from the agency in that state.
  - 2. **HiSET:** Attach an official transcript of your test results or equivalent. HiSET test results are official if they are earned through an authorized HiSET Testing Center. To request your HiSET transcripts, go to [www.diplomasender.com](http://www.diplomasender.com).
  - 3. **TASC:** Attach an official transcript of your test results or equivalent. TASC test results are official if they are earned through an authorized TASC Testing Center. To request your TASC transcripts, go to <http://www.tasctest.com/>.
- D. **Certificate Equivalent** – Attach an official “Certificate of Proficiency” showing you passed the California High School Proficiency Examination (CHSPE). To request a copy, go to <https://www.chspe.net/cert-trans/> or call (866) 342-4773.
- E. **Out-of-State High School General Educational Development Certificate Equivalent:** Attach an official transcript of your test results or equivalent.

❑ **PHARMACY TECHNICIAN DOCUMENTS:**

Attach **ONE** of the following (A, B, C, or D):

- A. **Affidavit of Completed Coursework or Graduation:** The program director, school registrar or pharmacist must complete and sign the affidavit on Page 4. Copies or stamped signatures are not accepted. The school seal must be embossed on the affidavit and/or you must attach a pharmacist’s business card with license number. An affidavit is required for one of the following:
  - Associate Degree in Pharmacy Technology;
  - Any other course that provides a minimum of 240 hours of instruction as required;
  - Training course accredited by the American Society of Health-System Pharmacists (ASHP);
  - Graduation from a school of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).
- B. **Pharmacy Technician Certification Board (PTCB) certified:** Submit a copy of your PTCB certificate.

- C. National Healthcare Association Pharmacy Technician Certification Program (ExCPT): Submit a copy of your ExCPT certificate. Please check the box on the application on page 1 under the Pharmacy Technician Qualifying Method “Attached is a certified copy of PTCB certificate program”. By checking this box this will identify your application as applying under a certification program.
- D. Military Training: Submit a copy of your DD214 documenting evidence of your pharmacy technician training provided by a branch of the federal armed services.

- **SELF-QUERY REPORT**: Include a sealed, original Self-Query Report from the National Practitioner Data Bank (NPDB). It must be dated within 60 days of filing the application.
  - Self-Query Reports that have been opened will not be accepted.
  - The name on your Self-Query Report must be **EXACTLY THE SAME** as the name on your application.
  - You must include your US social security or ITIN number when completing your Self-Query Report.
  - To request a Self-Query Report, go to the NPDB’s Web site at <http://www.npdb.hrsa.gov/> or the direct link is <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>
  - NPDB’s contact number (800) 767-6732 or TDD (703) 802-9395. Their Web site has a fact sheet and answers to frequently asked questions. The board is not able to assist you with requesting the Self-Query Report. For help, contact the NPDB directly.
  - You must pay the fee directly to NPDB.
  - You must submit a new Self-Query Report even if one was submitted with a previous application.

□ **FINGERPRINTS:**

- California residents must use Live Scan. Non-residents can visit California to complete a Live Scan or must submit professionally rolled fingerprints on cards supplied by the board.
- **DO NOT** complete the Live Scan service or fingerprint cards until you are ready to send your application.
- You must submit a copy of your Live Scan receipt or new fingerprint cards with your application.
- Each application requires you to complete a new Live Scan or submit new fingerprint cards.
- The Live Scan site may charge a processing fee.
- The board will accept fingerprint responses only from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI).

Please complete and attach **ONE** of the following (A or B):

**A. California Resident: Attach completed Live Scan receipt.** The receipt shows you completed the Live Scan.

- California residents must use Live Scan only.
- To find a Live Scan location, go to <https://oag.ca.gov/fingerprints/locations>
- Live Scan operators can make mistakes. You must be sure everything on the form is correct.

Make sure the following information is correct when you complete your Live Scan:

- **Type of License/Certification/Permit or Working Title:** Pharmacy Tech-Sect 4015
- **Full Name:** Must be EXACTLY THE SAME as the name on your state driver’s license or state-issued identification card (Jr., II, etc., must be included). It must also be EXACTLY THE SAME as the name on your application and Self-Query Report.

- **Date of Birth:** Must be correct.
- **Social Security Number:** Must be included and be correct, unless you have an ITIN. If you have an ITIN, enter this number in the SSN field.
- **Level of Service:** Must include both DOJ and FBI.

**B. Non-California Resident:** You may visit California and complete Live Scan. If you cannot, then you must send two rolled fingerprint cards.

- You must use fingerprint cards from the Board of Pharmacy.
- Request fingerprint cards through the board's online services at [https://www.dca.ca.gov/webapps/pharmacy/pubs\\_request.php](https://www.dca.ca.gov/webapps/pharmacy/pubs_request.php) or email [rxforms@dca.ca.gov](mailto:rxforms@dca.ca.gov).
- Fee: Include fingerprint card processing fee of \$49 (\$32 DOJ and \$17 FBI), made payable to the Board of Pharmacy.
- You can send one check or money order for both the application processing fee and fingerprint card processing fee.
- Print legibly or type your personal information on the fingerprint cards. If your personal information is not legible and DOJ enters your information incorrectly, you will be responsible to submit new fingerprint cards and pay the \$49 fingerprint card processing fee again.
- Fingerprints must be taken by a person professionally trained to roll prints.
- Fingerprint clearances from cards take about six weeks longer than Live Scan.
- Poor quality prints will be rejected and will cause delay because new fingerprint cards will be required.



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**MILITARY EXPEDITE**

The board will expedite review of an application that meets one of the following criteria. Please check the appropriate box and submit this page with your completed application.

- SERVING IN THE MILITARY:** Are you currently serving in the United States military?
  - ✓ Attach a copy of your military identification.
  
- VETERAN:** Have you served in the United States military?
  - ✓ Attach a copy of your DD214 with your application.
  
- ACTIVE DUTY MILITARY – SPOUSE OR PARTNER:** If your spouse or partner is an active duty member of the U.S. Armed Forces and you hold a current license in another state, please provide the following:
  - ✓ Attach a copy of your current license in another state, district, or territory of the United States documenting the profession or vocation for which you seek license from the board.
  - ✓ Attach a copy of the marriage certificate, or certified declaration/registration of domestic partnership, or other evidence of legal union.
  - ✓ Attach a copy of your spouse or partner’s military orders establishing duty station in California.



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## PHARMACY TECHNICIAN APPLICATION

All items of information requested in this application are mandatory. Failure to provide any of the requested information will result in an incomplete application and a deficiency letter being mailed to you. Please read all the instructions prior to completing this application. **Page 1, 2, and 3 of the application must be completed and signed by the applicant.** All questions on this application must be answered. If not applicable indicate N/A. Attach additional sheets on paper if necessary.

**MILITARY** (Check here if you meet the requirements for expediting your application.)

**Applicant Information – Please Type or Print**

Full Legal Name: Last Name:	First Name:	Middle Name:
Previous Names (AKA, Maiden Name, Alias, etc):		
*Official Mailing/Public Address of Record (Street Address, PO Box #, etc):		
City:	State:	Zip Code:
Residence Address (if different from above):		
City:	State:	Zip Code:
Home#: (    )	Cell#: (    )	Work#: (    )
Email Address:		
Date of Birth (Month/Day/Year):	**Social Security # or Individual Tax ID #:	Driver's License No:                      State:

**Mandatory Education** (check one box)

Please indicate how you satisfy the mandatory education requirement in Business and Professions Code Section 4202(a).

High school graduate or foreign equivalent.  
*Attach an official embossed transcript or notarized copy of your high school transcript, or certificate of proficiency, or foreign secondary school diploma along with a certified translation of the diploma.*

Completed a general education development certificate equivalent.  
*Attach an official transcript of your test results.*

TAPE A COLOR PASSPORT STYLE  
 PHOTOGRAPH (2"X2") TAKEN  
 WITHIN 60 DAYS OF THE FILING OF  
 THIS APPLICATION  
 NO POLAROID OR  
 SCANNED IMAGES  
 PHOTO MUST BE ON PHOTO  
 QUALITY PAPER

**Pharmacy Technician Qualifying Method** (check one box)

Please check one of the boxes below indicating how you qualify in order to apply for a pharmacy technician license pursuant to Section 4202(a)(1)(2)(3)(4) of the Business and Professions Code.

Attached Affidavit of Completed Coursework or Graduation for: Associate degree in Pharmacy Technology, Training Course, or Graduate of a school of pharmacy

Attached is a certified copy of PTCB certificate – Date certified: \_\_\_\_\_

Attached is a certified copy of your military training DD214

List all state(s) where you hold or held a license as a pharmacist, intern pharmacist and/or pharmacy technician and or another health care profession license, including California. Attach an additional sheet if necessary.

State	Registration Number	Active or Inactive	Issued Date	Expiration Date

**Self-Query Report by the National Practitioner Data Bank (NPDB)**

Attached is the original sealed envelope containing my Self-Query Report from NPDB. (This must be submitted with your application.)

**FOR BOARD USE ONLY**

Photo <input type="checkbox"/>	FP Cards/Live Scan <input type="checkbox"/>	License no. _____	App fee no. _____
Enf 1 <sup>st</sup> Check <input type="checkbox"/>	FP Cards Sent _____	Date issued _____	Amount _____
Enf 2 <sup>nd</sup> Check <input type="checkbox"/>	FP Fees <input type="checkbox"/>	Date expires _____	Date cashiered _____
Qualify Code _____	DOJ Clear Date: _____		
Self-Query <input type="checkbox"/>	FBI Clear Date: _____		

**You must provide a written explanation for all affirmative answers indicated below. Failure to do so may result in this application being deemed incomplete and being withdrawn.**

<p>1. Do you have a mental illness or physical illness that in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health or safety risks? <b>If "yes," attach a statement of explanation. If "no," proceed to #2.</b></p> <p>Are the limitations caused by your mental illness or physical illness reduced or improved because you receive ongoing treatment or participate in a monitoring program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If "yes," attach a statement of explanation.</b></p> <p>If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing mental illness or physical illness to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for license.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p>2. Have you previously engaged in the illegal use of controlled substances? If "yes," are you currently participating in a supervised substance abuse program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Attach a statement of explanation.</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p>3. Do you currently participate in a substance abuse program or have previously participated in a substance abuse program in the past five years? If "yes," are you currently participating in a supervised substance abuse program or professional assistance program which monitors you to ensure you are maintaining sobriety? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Attach a statement of explanation.</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p>4. Has disciplinary action ever been taken against your designated representative, pharmacist, intern pharmacist and/or pharmacy technician license in this state or any other state? <b>If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p>5. Have you ever had an application for a designated representative, pharmacist, intern pharmacist and/or pharmacy technician license denied in this state or any other state? <b>If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p>6. Have you ever had a pharmacy license, or any professional or vocational license or registration, denied, suspended, revoked, placed on probation or had other disciplinary action taken by this or any other government authority in California or any other state? <b>If "yes," provide the name of company, type of permit, type of action, year of action and state.</b> _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p>7. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a permit to conduct a pharmacy, wholesaler, medical device retailer or any other entity licensed in this state or any other state? <b>If "yes," provide company name, type of permit, permit number and state where licensed.</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<p>8. Have you ever been convicted of, or pleaded guilty or nolo contendere/no contest to, any crime, in any state, the United States or its territories, a military court, or any foreign country? Include any felony or misdemeanor offense, and any infraction involving drugs or alcohol with a fine of \$500 or more. You must disclose a conviction even if it was: (1) later dismissed or expunged pursuant to Penal Code section 1203.4 et seq., or an equivalent release from penalties and disabilities provision from a non-California jurisdiction, or (2) later dismissed or expunged pursuant to Penal Code section 1210 et seq., or an equivalent post-conviction drug treatment diversion dismissal provision from a non-California jurisdiction. Failure to answer truthfully and completely may result in the denial of your application.</p> <p>NOTE: You may answer "NO" regarding, and need not disclose, any of the following: (1) criminal matters adjudicated in juvenile court; (2) criminal charges dismissed or expunged pursuant to Penal Code section 1000.4 or an equivalent deferred entry of judgment provision from a non-California jurisdiction; (3) convictions more than two years old on the date you submit your application for violations of California Health and Safety Code section 11357, subdivisions (b), (c), (d), or (e), or California Health and Safety Code section 11360, subdivision (b); and (4) infractions or traffic violations with a fine of less than \$500 that do not involve drugs or alcohol.</p> <p>You may wish to provide the following information in order to assist in the processing of your application: descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required.</p> <p><b>Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary.</b></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																				
<table border="1"> <thead> <tr> <th>Arrest Date</th> <th>Conviction Date</th> <th>Violation(s)</th> <th>Case #</th> <th>Court of Jurisdiction (Full Name and Address)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)															
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# APPLICANT AFFIDAVIT

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed incomplete. Falsification of the information on this application may constitute ground for denial or revocation of the license.

All items of information requested in this application are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.

**Collection and Use of Personal Information.** The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4200 and 4202 and Title 16 California Code of Regulations Section 1793.5 and 1793.6. The California State Board of Pharmacy uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The California State Board of Pharmacy cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act. The official responsible for maintaining records is the Executive Officer at the board's address listed on the application. Each individual has the right to review the files or records maintained by the board, unless confidential and exempt by Civil Code Section 1798.40.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

\*Once you are licensed with the board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code Section 6250 et seq.) and will be placed on the Internet. This is where the board will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the board, in which case your residence will not be available to the public.

\*\*Disclosure of your U.S. social security account number or individual taxpayer identification number is mandatory. Section 30 of the Business and Professions Code, Section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

## MANDATORY REPORTER

Under California law, each person licensed by the Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect purposes.

California Penal Code Section 11166 and Welfare and Institutions Code Section 15630 require that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 and Welfare and Institutions Code Section 15630(b)(1) [generally law enforcement, state and/or county adult protective services agencies, etc.] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency(ies) or as soon as practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine. For further details about these requirements, consult Penal Code Section 11164 and Welfare and Institutions Code Section 15630, and subsequent sections.

## APPLICANT AFFIDAVIT (must be signed and dated by the applicant)

I, \_\_\_\_\_, hereby attest to the fact that I am the applicant whose signature appears  
(Print full Legal Name)

below. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

\_\_\_\_\_  
Original Signature of Applicant

\_\_\_\_\_  
Date





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## AFFIDAVIT OF COMPLETED COURSEWORK OR GRADUATION FOR PHARMACY TECHNICIAN

**Instructions:** This form must be completed by the university, college, school, or pharmacist (The person who must complete this form will depend on how the applicant is qualifying). All dates must include the month, day, and year in order for the form to be accepted.

This is to certify that \_\_\_\_\_ has  
Print Name of Applicant

- Completed a pharmacy technician training program accredited by the American Society of Health-System Pharmacists as specified in Title 16 California Code of Regulations Section 1793.6(a) on \_\_\_\_\_  
(completion date must be included)
  
- Completed 240 hours of instruction as specified in Title 16 California Code of Regulations Section 1793.6(c) on \_\_\_\_\_  
(completion date must be included)
  
- Completed an Associate Degree in Pharmacy Technology and was conferred on her/him on \_\_\_\_\_  
(graduation date must be included)
  
- Graduated from a school of pharmacy accredited by the American Council on Pharmaceutical Education (ACPE). The degree of Bachelor of Science in Pharmacy or the degree of PharmD was conferred on her/him on \_\_\_\_\_  
(graduation date must be included)

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<p><b>Affix school seal here.</b></p>   <p><b>OR</b></p>   <p><b>Attach a business card of the pharmacist who provided the training pursuant to Section 1793.6(c) of the California Code of Regulation here. The pharmacist's license number shall be listed.</b></p>	<p>University, College, or School of Pharmacy Name: _____</p> <p>Address: _____          _____</p> <p>Print Name of Director, Registrar, or Pharmacist: _____</p> <p>Phone Number: _____</p> <p>Email: _____</p>
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## INSTRUCTIONS FOR COMPLETING A "REQUEST FOR LIVE SCAN SERVICE" FORM

### **California Residents**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly.

**NOTE TO LICENSEE and LIVE SCAN OPERATOR:** The name, date of birth and US Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) must be entered in at the time of the Live Scan transmission in order for the results to be accepted by the Board of Pharmacy. If the name, date of birth or SSN or ITIN is not entered at the time of Live Scan transmission, the licensee may have to have a new Live Scan transmission completed.

**Type of License/Certification or Permit or Working Title:** The Live Scan operator must enter in your type of license. Please have the Live Scan operator enter in in the Type of License listed on the Live Scan Form.

### **Applicant Information:**

- **Name:** Enter your last name, first name and middle name. Do not use initials or name abbreviations. Your legal name must be on file with the board. If your name has changed you are required to notify the board within 30 days of the change.
- **Other Name (AKA):** Enter all other names you have used, including your maiden name.
- **Date of Birth:** (month/day/year).
- **SEX:** Mark the appropriate gender box (male or female)
- **Driver's License Number:** California Driver's License Number.
- **Height:** Your height in feet and inches.
- **Weight:** Your weight in pounds.
- **Eye Color:** Color of your eyes
- **Hair Color:** Color of your hair
- **Place of Birth:** Enter your place of birth
- **Social Security Number:** Must be included and be correct, unless you have an ITIN. If you have an ITIN, enter this number in the SSN field.
- **Misc. Number:** Other identification number
- **Home Address:** Your residence address

**Level of Service:** This has already been preselected for you. You are required to have both DOJ and FBI level of service complete. Please ensure at the time of Live Scan transmission that the Live Scan operator selects both the DOJ and FBI levels of service in their computer system. If FBI is not selected at the time of original transmission, you may be required to have your Live Scan redone at another time and have to repay for the DOJ and FBI levels of services again. The board has been notified by the DOJ that effective 9/1/07, if the FBI level of service is not requested at the time of original transmission both DOJ and FBI levels of service will have to be redone. Any issue of cost for resubmission should be handled at the Live Scan Site level.

**Employer:** This information is not required.

**Take the completed form** to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <https://oag.ca.gov/fingerprints/locations> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$19, and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs. The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

### **FINGERPRINTING AUTHORITY**

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

### Applicant Information: **Live Scan Operator – The Board of Pharmacy requires you to enter the applicant's SSN.**

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex  Male  Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number - **MANDATORY**

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed