

Pharmacy Technician

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have any criminal action active or pending ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a misdemeanor in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- **personal account of the incident**
- **court record(s)**
- **police report(s)**
- **probation/parole officer report(s)**

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do **NOT** need to disclose:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

Do you currently hold, or have you ever held, a license, certification, or registration to practice any occupation or profession in Utah or any other jurisdiction? . *(Use additional sheets if necessary.)*

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

Profession: _____ **License Number:** _____

Issuing State: _____ **License Status:** _____ **Issue Date:** _____

If you identified a Pharmacy Technician license above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

NOTE: *If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.*

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
- Yes No a hospital or health care facility
- Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes No malpractice insurance coverage
- Yes No other entity: _____
-
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
- Yes No a hospital or health care facility
- Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes No The Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes No malpractice insurance coverage
- Yes No other entity: _____
-
3. Is any action pending against you now by:
- Yes No a hospital or health care facility
- Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
- Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
- Yes No malpractice insurance coverage
- Yes No other entity: _____
-
4. Yes No Have you been named as a defendant in a malpractice suit?
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5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4, you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. *NPDB website: <http://www.npdb.hrsa.gov>.*

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: (if applicable) _____

EDUCATION & EXPERIENCE REQUIREMENT

Please select the education pathway to licensure you completed. See the checklist at the end of this application for the documentation required for each option.

Licensure by Application

- I completed a pharmacy technician training program accredited by the American Society of Health Systems Pharmacists (ASHP).
- I completed training through Pharmacy Technicians University (PTU).
- I completed the Accrediting Bureau of Health Education Schools (ABHES).
- I completed training through a branch of the Armed Forces of the United States.
- I am licensed in good standing as a pharmacy technician in state, district, or territory of the U.S. that is not equivalent to Utah and have practiced at least 1,000 hours of licensed practice in the past two years.

License Number: _____ Issuing State: _____ Issue Date: _____

CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>. Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ Date: _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

Completed fingerprint cards can be mailed to:
Division of Professional Licensing
P.O. Box 146741
Salt Lake City, UT 84114-6741

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

Affidavit of Practical Training

Endorsement applicants do not need to complete this form.

APPLICANT INFORMATION *(to be completed by the applicant)*

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

PRACTICAL TRAINING HOURS *(to be completed by the supervising pharmacist)*

Name of Pharmacy: _____

Pharmacy License Number: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Number of practical training hours completed *(minimum of 180 hours required)*: _____

Provide a brief explanation of the completed supervised practical training while licensed as a pharmacy technician trainee. Describe the written protocols and guidelines for the teaching pharmacist outlining the utilization and supervision of the pharmacy technician trainee, addressing:

- (a) the specific way supervision was completed; and
- (b) the evaluative procedure(s) used to verify the accuracy and completeness of all acts, tasks, and functions performed by the pharmacy technician trainee. (see [Utah Admin. Code r156-17b-303a\(3\)\(c\)](#)).

(attach additional sheets as necessary)

ATTESTATION:

I certify that the above-named applicant has successfully completed a program of education and training as I have outlined above and in accordance with [Utah Admin. Code r156-17b-303a\(3\)\(c\)](#). I further certify that this applicant is qualified and competent to practice as a licensed pharmacy technician.

Signature: _____ Date: _____

Printed Name: _____ Pharmacy License Number: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

The following items are required to complete your application:

- \$92.00 non-refundable application-processing fee, made payable to “DOPL”.
- Supporting documentation for any “yes” answers provided on either of the qualifying questionnaires.
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

LICENSURE BY APPLICATION

If applying for licensure by application, *in addition* to the items required for all applicants, you must submit:

- Copy of current Certification of Pharmacy Technician (ExCPT) or National Pharmacy Technician Certification Examination (PTCB).
- Documentation of Education or Experience, one of the following:
 - Copy of Certificate of Completion provided by the education/training program.

Or

- Official verification of license from one or more states in which you are currently licensed. Verifications must cover the time period used to qualify for endorsement; **AND** A letter from your employer, on company letterhead, attesting to the number of hours worked. A minimum of 1,000 hours in the previous two years is required.

LICENSURE BY ENDORSEMENT

If practicing as a licensed pharmacy technician in another jurisdiction that has been found equivalent to Utah for at least one year, you may apply for **Licensure by Endorsement**. *In addition* to the items required for all applicants, you must submit the following:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see [our website](#) for additional information regarding approved jurisdictions.
- If required, documentation showing a passing score on the PTCB or ExCPT. See the [endorsement map](#) on our website for details.

Note: If your jurisdiction is not deemed equivalent for purposes of endorsement, you may be able to use experience gained outside of the state to document the requirements for Licensure by Application above.

Submit the above items with your completed application to:

By US Postal Service:

**Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84114**

If you have questions, please contact the Division at 801-530-6628 or by email: b3@utah.gov.