



**California State Board of Pharmacy**  
1625 N. Market Blvd, Suite N 219, Sacramento, CA 95834  
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www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
ARNOLD SCHWARZENEGGER, GOVERNOR

**Date: September 28, 2010**

**To: Licensing Committee**

**Subject: Agenda Item 2:  
Proposal to Modify Application Requirements for Intern Pharmacists  
and Pharmacists to Include "Self-Query" Reports from the National  
Practitioners Data Bank -- Healthcare Integrity and Protections Data  
Bank**

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At the July Board Meeting, the board approved two proposals to 1. require pharmacists and pharmacist interns and 2. require pharmacy technicians to provide a "self query" report from the National Practitioners Data Bank-- Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as a condition of application for licensure in California. The process for pharmacy technicians will be discussed in the next agenda item.

As you will remember, the board currently reports information regarding its licensees who have been disciplined or otherwise had an adverse action to the NPDB-HIPDB required by law. In addition to our reporting, all adverse actions taken by federal or state agencies, exclusions of health care practitioners in federal or state programs, criminal convictions, and civil judgments are also required to be reported to the NPDB-HIPDB. NPDB-HIPDB serves as the repository of data for all such actions taken against healthcare practitioners.

It is not unusual for a pharmacist applicant or intern to also be licensed in other jurisdictions. As part of the application process for both the intern and pharmacist exam application, applicants are required to self-disclose several items. The intern application includes several questions surrounding prior disciplinary action has ever been taken in this state or any other. The pharmacist exam application includes several of the same types of questions as well as information about licensure in other states. This information is all self-certified by the applicant. In addition, the board requires license verification, where identified by the pharmacist applicant.

For pharmacists: Amend section 1728 to 16 CCR:

**1728. Requirements for Examination.**

- (a) Prior to receiving authorization from the board to take the pharmacist licensure examinations required by section 4200 of the Business and Professions Code, applicants shall submit to the board the following:
- (1) Proof of 1500 hours of pharmacy practice experience that meets the following requirements:
    - (A) A minimum of 900 hours of pharmacy practice experience obtained in a pharmacy.
    - (B) A maximum of 600 hours of pharmacy practice experience may be granted at the discretion of the board for other experience substantially related to the practice of pharmacy.

- (C) Experience in both community pharmacy and institutional pharmacy practice settings.
- (D) Pharmacy practice experience that satisfies the requirements for both introductory and advanced pharmacy practice experiences established by the Accreditation Council for Pharmacy Education.
- (2) Satisfactory proof that the applicant graduated from a recognized school of pharmacy.
- (3) Fingerprints to obtain criminal history information from both the Department of Justice and the United States Federal Bureau of Investigation pursuant to Business and Professions Code section 144.
- (4) A signed copy of the examination security acknowledgment.
- (5) A sealed, original Self Query Report from the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NNPDB-HIPDB), dated no earlier than 60 days before of the date the an application for examination as a pharmacist was/will be is submitted to the board.
- (b) Applicants who hold or held a pharmacist license in another state shall provide a current license verification from each state in which the applicant holds or held a pharmacist license prior to being authorized by the board to take the examinations.
- (c) Applicants who graduated from a foreign school of pharmacy shall provide the board with satisfactory proof of certification by the Foreign Pharmacy Graduate Examination Committee prior to being authorized by the board to take the examinations.

For Interns: Add section 1727.2 to 16 CCR:

1727.2 Every applicant for a pharmacist intern license shall submit as part of the application process, a sealed, original Self Query Report from the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NNPDB-HIPDB), dated no earlier than 60 days before of the date the an application for examination as a pharmacist was/will be is submitted to the board.

## Title 16. Board of Pharmacy Draft Language for Consideration

**To Amend 1793.5. in Article 11 of Division 17 of Title 16 of the California Code of Regulations to read as follows:**

§ 1793.5. Pharmacy Technician Application.

The application for a pharmacy technician license (Form 17A-5 (Rev. 9/94 01/11)) required by this section is available from the Board of Pharmacy upon request.

(a) Each application for ~~registration as a~~ pharmacy technician license shall include:

(1) Information sufficient to identify the applicant.

(2) A description of the applicant's qualifications and supporting documentation for those qualifications.

(3) A criminal background check that will require submission of fingerprints in a manner specified by the board and the fee authorized in Penal Code section 11105(e). In addition, a signed statement whether the applicant has ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state, or local ordinance.

(4) A sealed original Self-Query Report from the National Practitioner Data Bank -- Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) dated no earlier than 60 days before of the date an application is/has been submitted to is submitted to the board.

(b) The applicant shall sign the application under penalty of perjury and shall submit it to the Board of Pharmacy.

(c) The board shall notify the applicant within ~~30~~60 days if an application is deficient; and what is needed to correct the deficiency. Once the application is complete and upon completion of any investigation conducted pursuant to section 4207 of the Business and Professions Code, the board will notify the applicant within 60 days of a license decision.

(d) Before expiration of a pharmacy technician license, a pharmacy technician must renew that license by payment of the fee specified in ~~Section 1749, subdivision (c)~~ subdivision (r) of section 4400 of the Business and Professions Code.

Note: Authority cited: Sections 163.5, 4005, 4007, 4038, 4115, ~~and 4202, 4207, and 4400~~ Business and Professions Code. Reference: Sections 163.5, 4005, 4007, 4038, 4115, ~~and 4202, 4207, 4402, and 4400~~ Business and Professions Code, Section 11105 of the Penal Code, and sections 1706.2. and 1793.6. of Title 16 of the California Code of Regulations.



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## APPLICATION FOR A PHARMACY TECHNICIAN LICENSE

**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 of paper if necessary.

### 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:	
Hm#:	Cell#:	Wk#:	Email Address:
Date of Birth (Month/Day/Year):	**Social Security No:	Driver's License No:	State:

### Mandatory Education (check one box)

Section 4202(a) of the Business and Professions Code requires an applicant for registration as a pharmacy technician to be a **high school graduate or possess a general education development (GED) equivalent**. Please check the appropriate box below certifying that you have meet this requirement in order to apply for a pharmacy technician license.

- High school graduate Date graduated: \_\_\_\_\_
- Completed General Education Development (GED) Date GED awarded: \_\_\_\_\_

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(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

### Self-Query Report by the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB)

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

#### FOR BOARD USE ONLY

Photo	<input type="checkbox"/>	FP Cards/Live Scan	<input type="checkbox"/>	Registration no	App fee no
Enf 1 <sup>st</sup> Check	<input type="checkbox"/>	FP Cards Sent	<input type="checkbox"/>	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:			
HIPDB	<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. <u>Do you have a medical condition which 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? If "yes," attach a statement of explanation. If "no," proceed to #2.</u>  <u>Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? _____</u>  <b>If "yes," attach a statement of explanation.</b></p> <p style="margin-top: 20px;"><u>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 medical condition to determine whether an unrestricted registration should be issued, whether conditions should be imposed, or whether you are not eligible for registration.</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>																				
<p>2. <u>Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances?</u></p> <p><u>If "yes," are you currently participating in a supervised rehabilitation 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? _____</u>                  Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Attach a statement of explanation.</b></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
<p>3. <u>Has disciplinary action ever been taken against your pharmacist license, intern permit or technician registration in this state or any other state?</u>  <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>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
<p>4. <u>Have you ever had an application for a pharmacist license, intern permit or technician registration denied in this state or any other state?</u>  <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>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
<p>5. <u>Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied or disciplined by a government authority in this state or any other state? If "yes," provide the name of company, type of permit, type of action, year of action and state.</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
<p>6. <u>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? If yes, provide company name, type of permit, permit number and state where licensed.</u></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>																				
<p>7. <u>Have you ever been convicted of any crime in any state, the USA and its territories, military court or foreign country?</u></p> <p><u>Check the box next to "YES" if, you have ever been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to sections 1000 or 1203.4 of the Penal Code.</u></p> <p><u>Check the box next to "NO" if you have not been convicted of a crime.</u></p> <p><u>You may wish to provide the following information in order to assist in the processing of your application: 1) certified copies of the arresting agency report; 2) certified copies of the court documents; 3) and a 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.</u></p> <p><b><u>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.</u></b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%;">Arrest Date</th> <th style="width: 15%;">Conviction Date</th> <th style="width: 30%;">Violation(s)</th> <th style="width: 40%;">Court of Jurisdiction (Full Name and Address)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Arrest Date	Conviction Date	Violation(s)	Court of Jurisdiction (Full Name and Address)																	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arrest Date	Conviction Date	Violation(s)	Court of Jurisdiction (Full Name and Address)																		

# 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 grounds 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 Records 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 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 is 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  
\_\_\_\_\_ (Print Full Legal Name)

appears 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 also certify that I have read the instructions attached to this application.

\_\_\_\_\_  
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 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Affix school seal here.**

**OR**

**Attach a business card of the pharmacist who provided the training pursuant to Section 1793.6(c) of the California Code of Regulation here.**

University, College,  
or School of  
Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Name of  
Director, Registrar,  
or Pharmacist: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_

Email: \_\_\_\_\_



## APPLICATION INSTRUCTIONS FOR PHARMACY TECHNICIAN LICENSE

YOU MUST SATISFY ALL REQUIREMENTS FOR LICENSURE AT THE TIME OF SUBMITTING THE APPLICATION.

### APPLICATION PROCESSING TIMEFRAME

- Please allow the board **60** days to process your application. The board will mail you a deficiency letter if your application is incomplete.
- Due to current workload the board will not be able to respond to status checks on your application unless your application has been on file for over 60 days.
- You may wish to confirm with your bank if your check as been processed as verification the board received your application.
- To verify if your license has been issued, please visit the board's website at [www.pharmacy.ca.gov](http://www.pharmacy.ca.gov) under "Verify a License", as the processing time to receive your license wallet certificate is 4-6 weeks from the date the license is issued.

### APPLICATION INSTRUCTIONS

Print out the entire application and required forms as instructed under the section entitled **What Makes an Application Complete** on page 2 of these instructions. Please review the **Qualifying Method** section below to ensure you qualify and **What Makes an Application Complete** section below to ensure you have completed and included all the required forms prior to submitting your application to the board.

PLEASE NOTE: It is very important that when you complete the application, your name you apply under IDENTICALLY matches the name on your United States (U.S.) government issued photo identification (state issued driver's license or state issued identification card) **AND** the name on your Request for Live Scan form or fingerprint cards.

### QUALIFYING METHOD

To be licensed as a pharmacy technician in California, you must qualify under A, B, or C as listed below:

- A. If you are qualifying by one of the following methods, the **Affidavit of Completed Coursework or Graduation for Pharmacy Technician** (page 4 of the application) must be submitted **with your application**.
  - ♦ An Associate degree in pharmacy technology;
  - ♦ Any other course that provides a minimum of 240 hours instruction as specified in Title 16 California Code of Regulations Section 1793.6(c);
  - ♦ A training course accredited by the American Society of Health-System Pharmacists (ASHP); or
  - ♦ Graduation from a school of pharmacy accredited by the Accreditation Council for Pharmacy Education (ACPE).
- B. If you are certified by the Pharmacy Technician Certification Board (PTCB), you must submit a certified true copy of your PTCB certificate **with your application**. (A certified true copy is a copy that has been certified or notarized as a true copy.)
- C. If you are qualifying by training provided by a branch of the federal armed services, you must submit the original or a certified true copy of your DD214 **with your application**. (A certified true copy is a copy that has been certified or notarized as a true copy.)

**WHAT MAKES AN APPLICATION COMPLETE** (Please use the following checklist to assist you in ensuring your application is complete prior to submitting your application to the board.) If your application is incomplete, the board will notify you of any deficiencies. Failure to complete your application within 60 days after being notified by the board of any deficiencies will result in your application being deemed abandoned and you will be required to file a new application and meet all of the requirements in effect at the time of reapplication.

- APPLICATION FEE \$80:** Submit a check, money order, or cashier's check in the amount of \$80, made payable to the Board of Pharmacy with your application. The application fee is non-refundable.
- APPLICATION FOR REGISTRATION AS A PHARMACY TECHNICIAN** (form 17A-5 (rev. 7.10)): The application must be completed in its entirety. Failure to do so will result in an incomplete application and a deficiency letter being mailed to you. A passport style photo (2" x 2") must be taken within 60 days of filing the application, and must be attached to the front of the application. (Scanned images and Polaroid pictures are not accepted as the images decay over time.) You need to complete, sign, and date the application. Do not allow your school to complete page 1, 2, and 3 of the application.
- FINGERPRINTS:** All applicants are required to have their fingerprints processed via Live Scan if they reside in California. If you reside outside of California and are unable to visit California to do the Live Scan, then you must have your fingerprints processed on the Board of Pharmacy issued fingerprint cards. DO NOT complete the Live Scan or fingerprint cards until you are ready to submit your application. The board will only accept current fingerprint clearances from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). Detailed instructions for fingerprints are provided below. Submit either A or B below with your application:
  - A. **Completed Live Scan receipt**, showing submission information.
  - OR
  - B. **Completed fingerprint cards** along with the additional \$51 for the fingerprint card processing fee. Submit the fingerprint card processing fee with the application fee when submitting your application to the board.
- QUALIFYING DOCUMENTATION:** You are required to include with your application the Affidavit of Completed Coursework or Graduation for Pharmacy Technician, a certified copy of your PTCB certification, or a certified copy of your military training. The Qualifying Method on page 1 of these instructions identifies which document you need to provide.
- PRACTICIONER SELF-QUERY REPORT:** You are required to provide a sealed original Self-Query Report from National Practitioner Data Bank Healthcare Integrity and Protection Data Bank ((NPDB - HIPDB). It is your responsibility to attach the sealed original NPDB-HIPDB Self-Query Report to your application.

In accordance with 10 MRS §8003(10), all applicants must submit a NPDB-HIPDB Self-Query Report as part of the initial application for licensure. The instructions to request a Self-Query Report are available at NPDB-HIPDB's website: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov). The website includes a Fact Sheet on self-querying, as well as Frequently Asked Questions to assist you in requesting a report.

- Practitioner Self-Query Report requests are required to be submitted through the NPDB-HIPDB web site <http://www.hpdb-hipdb.hrsa.gov>. NPDB-HIPDB provides a toll-free number for individuals who do not have access to the Internet.
- Practitioners are required to pay a total charge of \$16.00 directly to NPDB-HIPDB.
- Practitioners are required to mail to NPDB-HIPDB a notarized copy of the Self-Query request to a specified address. This copy can be printed, which the practitioner prints out after filling the form out on-line.

- NPDB-HIPDB provides a dispute process for a practitioner that wish to submit a statement or dispute to a report.
- The board is unable to assist you with the Self-Query process. Please contact the NPDB-HIPDB Customer Service Center at: (800) 767-6732 – TDD (703) 802-9395.

## FINGERPRINT SUBMISSION INSTRUCTIONS

The board requires the applicant to have their fingerprints submitted at the time a pharmacy technician application is submitted to the board regardless of any prior fingerprint submission for other applications with the board.

- A. **CALIFORNIA RESIDENT:** Complete a Live Scan Request form and take all 3 copies to a Live Scan site for fingerprint scanning. Please refer to the instructions for completing a "Request for Live Scan Service" form in this application package. The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your prints have been scanned and all applicable fees have been paid. Attach a completed copy of the Live Scan form to your application and submit to the board (this is your Live Scan receipt).

Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice Web site at:  
<http://ag.ca.gov/fingerprints/publications/contact.pdf>

### **STEPS TO ENSURE YOUR LIVE SCAN FORM IS COMPLETED ACCURATELY BY THE LIVE SCAN OPERATOR**

It is the applicant's responsibility to ensure that the information the Live Scan operator types into the computer system is correct before the Live Scan operator submits the transmission. Please verify the following information is correct:

- The Live Scan operator selects BOTH the **DOJ and FBI** prior to submitting the request. 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.
- Verify on the Live Scan operator's computer that the below information has been typed correctly.
  - **Full Name** is spelled correctly and matches your identification (Jr., II, etc must be included in the name). Your name must match your full name on your application.
  - **Date of Birth** is correct
  - **US Social Security Number** is entered and correct. This is required and must be entered.
  - **License type** needs to be entered as: Pharmacy Tech-Sect 4015

The board has seen an increase in the number of Live Scan transmissions where the name, date of birth, or the US social security number has been entered incorrectly or does not IDENTICALLY match the applicant's identification and the full legal name on the application. If such information is entered incorrectly, the applicant will be required to redo the Live Scan process again. This is usually at the expense of the applicant. This will result in a delay in processing your application.

- B. **NON-CALIFORNIA RESIDENTS:** If you reside outside California, you must submit rolled fingerprints with your application on Board of Pharmacy fingerprint cards along with a fingerprint card processing fee of \$51 made payable to the Board of Pharmacy (\$32 DOJ fee and \$19 FBI fee). You may contact the board to request the fingerprint cards at (916) 574-7900 or email your request to [rxforms@dca.ca.gov](mailto:rxforms@dca.ca.gov).

Fingerprints submitted on the fingerprint cards must be taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take longer than the Live Scan process, by approximately six weeks. Poor quality prints may result in rejection of the card and will substantially delay licensing since additional fingerprint cards will be required from you for processing.