

Instructions For Reinstating a Pharmacy Technician Registration

It is unlawful for a person to perform pharmacy technician duties with an expired, lapsed, suspended, or revoked registration.

Expired registrations:

Pharmacy technician registrations expire annually on December 31. **For up to one year** after a registration expires the pharmacy technician may renew that registration by submitting the renewal online, payment of the current active renewal fee and late fee, and attesting to the completion of the required 5 hours of continuing education during the previous year..

Lapsed registrations:

After one year, the registration lapses and the pharmacy technician must then apply for reinstatement, pay the current active renewal fee of \$25 plus the reinstatement fee of \$35 for a total of \$60. To reinstate, the pharmacy technician must provide original certificates of approved CE credits. Any hours obtained in the current year needed to reinstate may not also be used to meet CE requirements for the current year to renew for the next year. Pharmacy technicians must submit certificates totaling 5 hours approved CE for the last year that the registration was in current active status (the year that the registration expired) and for each subsequent year that the registration was expired/lapsed. CE certificates must be dated no earlier than the year that the registration expired. In lieu of submitting original certificates, pharmacy technicians may also submit the summary of their ACPE accredited CE's found on CPE Monitor at www.nabp.pharmacy. Please submit the "transcript of CPE activity" to demonstrate the completion of continuing education credits. **See example below.*

Suspended/Revoked registrations:

Except for mandatory, summary, or returned check suspensions, pharmacy technicians who have had their registrations suspended or revoked must apply for reinstatement, pay a \$125 reinstatement fee, and provide original certificates of 5 hours CE for each year since the registration was last in a current active status as described above. **See example below.*

Any pharmacy technician who fails to reinstate his registration within 5 years must retake an approved pharmacy technician training course and pass the Board approved examination, or hold current PTCB certification, and complete a new application to the Board for registration.

[Example: registration expires or is suspended on 12/31/2014 and the pharmacy technician applies for reinstatement on 3/1/2017. Total CE hours needed to reinstate = 5 hours each for 2014, 2015, and 2016 for a total of 15 hours. No hours may be dated prior to 1/1/2014 and any dated 2017 used to reinstate may not be used to meet the 2017 requirement to renew for 2018]

Pharmacy Technician Reinstatement Application



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www.dhp.virginia.gov/pharmacy

**APPLICATION TO REINSTATE A PHARMACY TECHNICIAN
REGISTRATION**

Number of hours of continuing education needed to reinstate: _____

- Reinstatement—lapsed registration \$60.00 Reinstatement-suspension or \$125.00
revocation
- Reinstatement—returned check suspension \$ _____

The required fee must accompany the application. Make check or money orders payable to "Treasurer of Virginia"

INSTRUCTIONS

1. Applicants must complete all sections.
2. Completed application and fee must be mailed to the above address.

I. GENERAL INFORMATION

| | | | | | |
|--|--|---|--|---------------|------------------|
| Name: Last | | First | | Middle/Maiden | |
| Street Address (official address of record**) | | City | State | Zip Code | Telephone Number |
| Street Address | | City | State | Zip Code | Telephone Number |
| Date of Birth ____ / ____ / _____ | | Social Security Number or Virginia DMV Control Number | | | |
| Email Address | | | Pharmacy Technician Registration Number 0230 _____ | | |
| Name at time registration was last current if different from name now. (Attach copy of marriage registration or court order authorizing name change) | | | | | |

**In accordance with § 54.1-2400.02 of the Code of Virginia, an applicant must provide an official address of record. An applicant may choose to provide a second address for public dissemination, which may be a work address, a post office box, or a home address. If an applicant does not provide a second address, his official address of record shall also be used as the public address for the purpose of public dissemination.

| FOR OFFICE USE ONLY | | | | |
|--|------------------------------------|--------------------|----------|-----------------|
| Registration Number 0230 _____ | Date of last current active status | Total CE submitted | Approved | Date reinstated |

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II. ANSWER THE FOLLOWING QUESTIONS: Attach additional page if needed as well as any related documents

| | | YES | NO |
|----|---|--------------------------|--------------------------|
| 1. | Have you obtained the required continuing education hours to reinstate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you practiced in Virginia as a pharmacy technician during the time your registration was expired, lapsed or suspended/revoked? If yes, state the dates and location of your practice and any written explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Have you held a pharmacy technician registration in another state or jurisdiction? If yes, provide state/jurisdiction and license/registration number and status. If the license/registration held in another state is not current active, attach a written explanation, including the years you held the license/registration and why you no longer have the registration: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Have you practiced as a pharmacy technician in any other state or jurisdiction during the time your registration was expired, lapsed or suspended/revoked in Virginia? If yes, attach a written explanation, including the dates and locations of your practice : _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Excluding Virginia, has your pharmacy technician registration ever been voluntarily surrendered, placed on probation, suspended, revoked, or has your practice ever been the subject of any investigation by any licensing authority in any other state or jurisdiction? If yes, what jurisdiction and date, explain, and attach any official documents related to your case. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Have you ever been convicted of, pled <i>nolo contendere</i> to, or have charges pending of any felony, or any crime involving moral turpitude, or a violation of any federal, state, or local drug law? If yes, what jurisdiction and date where charged or convicted, explain, and attach copies of any official documents such as warrants and court orders showing the nature and disposition of such charges or convictions. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? If yes, provide full explanation including if you have been directed to seek treatment for your conduct or behavior. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Within the past five years, have you been disciplined by any entity? If yes, please provide a full explanation and any associated orders or letters from entity. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Pharmacy Technician Reinstatement Application

| | YES | NO |
|--|--------------------------|--------------------------|
| <p>9. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacy Technician. If yes, please provide a full explanation. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.</p> <p>_____</p> <p>_____</p> <p>_____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>10. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacy Technician. If yes, please provide a full explanation. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board.</p> <p>_____</p> <p>_____</p> <p>_____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>11. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Pharmacy Technician? If yes, please provide a full explanation. NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider requesting your provider send this documentation directly to the Board</p> <p>_____</p> <p>_____</p> <p>_____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>12. Within the past five years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider requesting your provider send this documentation directly to the Board.</p> <p>_____</p> <p>_____</p> <p>_____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>13. Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>14. Are you active duty military?</p> | <input type="checkbox"/> | <input type="checkbox"/> |

I do solemnly swear or affirm that the information provided and the statements made on this application are true and correct to the best of my knowledge:

Signature: _____ **Date:** _____