



Virginia Department of
Health Professions
Board of Pharmacy

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**APPLICATION FOR APPROVAL OF
PHARMACY TECHNICIAN TRAINING PROGRAM**

I hereby make application for approval of a **Pharmacy Technician Training Program** in the Commonwealth of Virginia. The following evidence of qualifications is submitted with a **check or money order** in the amount of **\$200.00** made payable to the **Treasurer of Virginia**. The application fee is not refundable.

If **Reinstatement**, check box and call board for correct fee amount owed:

INSTRUCTIONS **PLEASE TYPE OR PRINT - USE BLACK INK**

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

I. GENERAL INFORMATION

Name of Institution or Business: (if applicable)

Program Director:

Program Director Contact Email:

Title of Training Program

Street Address

City

State

Zip Code

Telephone Number

Mailing Address (if different) Street

City

State

Zip Code

Telephone Number

II. INSTRUCTOR INFORMATION

Program Director Name:

License or Registration Number:

Pharmacist:

Technician:

Instructors shall be either i) a pharmacist with a current unrestricted license in any jurisdiction in the United States or ii) a pharmacy technician with at least one year experience performing technician tasks who holds a current unrestricted registration in Virginia or a current PTCB certification.

Provide as an attachment, a complete list of instructors that will provide the training. Include name, license or registration number, if applicable, and state whether the instructor is a pharmacist, a pharmacy technician, or other specialty. Provide documentation as appropriate. Also attach a sample copy of the certificate of completion to be given to participants who successfully complete the program.

FOR OFFICE USE ONLY

Application Number	Receipt Number	Check Number	Program Number	Date Issued	Reviewed by
			0229		

III. DESCRIPTION OF TRAINING PROGRAM

Provide as an attachment, an outline describing the training program. The curriculum shall include instruction on applicable laws and regulations including tasks which may be performed by a pharmacy technician found in §54.1-3321 and The Regulations Governing the Practice of Pharmacy 18 VAC 110-21-150:

1. The entry of prescription information and drug history into a data system or other record keeping system;
2. The preparation of prescription labels or patient information;
3. The removal of the drug to be dispensed from inventory;
4. The counting, measuring, or compounding of the drug to be dispensed;
5. The packaging and labeling of the drug to be dispensed and the repackaging thereof;
6. The stocking or loading of automated dispensing devices or other devices used in the dispensing process; and
7. The acceptance of refill authorization from a prescriber or his authorized agent provided there is no change to the original prescription.

IV. LENGTH OF PROGRAM: _____ (hours)

V. RECORDS STORAGE:

The program shall maintain records of program participants either on site or at another location where the records are readily retrievable upon request for inspection. Records shall be maintained for two years from the date of completion or termination of program.

Location of records storage: (If at another location)

Street Address:	City	State	Zip Code
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VI. APPLICANT'S STATEMENT (The following statement must be signed)

I, _____ hereby certify and affirm that the statements contained
(Print Name)
 in this application for approval of a pharmacy technician training program in the Commonwealth of Virginia are true and accurate in every respect.

Signature of the Program Director	Date