

For Office Use Only

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Alabama State Board of Pharmacy
 10 Inverness Center Parkway
 Suite 110
 Birmingham, AL 35242
 (205) 981-2280 fax (205) 981-2330

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Registration #

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**2006-2007 PHARMACY TECHNICIAN APPLICATION
 FOR NEW REGISTRATION
 Biennial Fee: \$60.00
 (Valid through 12-31-07)**

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

Last Name	First	Middle	Maiden	Attach 2" x 3" Passport Quality Photo Photo must have been taken within the last 6 months
Street Address				
City	State	Zip	County	
Phone# _____	SS# _____	Date of Birth _____		
Email _____		Sex _____		
Check all that apply: _____ High School Graduate _____ GED _____ Technician Certification – Exam date _____ Grade _____				
College Attended	Date of Completion/Graduation		Course/Degree	
Name, address and phone # of the pharmacy where you are now employed				

1. Have you been convicted of a felony or misdemeanor, excluding minor traffic convictions? _____ If yes, explain _____
2. Have you been convicted of violating any laws regulating controlled substances or prescription legend drugs? _____ If yes, explain _____
3. Have you ever been licensed or permitted, in any other state as a pharmacist, pharmacy technician or any other position requiring a license or permit from a pharmacy board or requiring a permit involving dispensing controlled substances? _____ If so, what is the status of license? _____
4. Has any license or permit issued to you been sanctioned? (This includes, but is not limited to, pharmacy.) _____ If yes, explain _____
5. Are there currently any pending investigations or charges regarding any permit or license issued to you? _____ If yes, explain _____
6. Have you ever been denied or refused any professional or vocational license, permit, or registration? _____ (All inclusive) If yes, explain _____
7. Are you currently or have you ever undergone treatment for alcohol or substance abuse? _____ If yes, list each state and give status of treatment _____

I understand that I must comply with the provisions of the Alabama Pharmacy Practice Act, Rules of the Board and all other applicable statutes and rules. I affirm that all information provided herein is true and correct and I recognize that providing false information may result in disciplinary action.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20_____ A.D.

 Notary Public (seal)

APPLICATION MUST BE NOTARIZED.

**NOTIFY THE BOARD IN WRITING, WITHIN 10 DAYS, IF A CHANGE
 OF EMPLOYMENT OR CHANGE OF ADDRESS OCCURS.**

Alabama Pharmacy Technicians



Requirements:

- Work under the direct supervision of a pharmacist licensed in Alabama;
- Be of seventeen (17) years of age or older;
- Submit a written pharmacy technician application to the Alabama State Board of Pharmacy requesting a registration as a pharmacy technician, pay appropriate registration fee, and receive registration certification **BEFORE** working in a pharmacy;
- Obtain three (3) hours of continuing education with one (1) of the hours being a “LIVE” credit hour. Technicians can attend and receive **CE** credit for any pharmacist continuing education hour that is ACPE or Board approved.
- An Alabama technician’s registration certificate **MUST** be displayed in the pharmacy where the technician is working at all times.
- A technician **MUST** wear a nametag identifying them as such at all times.
- Perform only pharmacy functions **NOT** requiring professional judgment.
- Comply with **ALL** Federal Law, State Law, and Board of Pharmacy Rules.
- It is a rule that three (3) technicians, one (1) of whom has certification through the Pharmacy Technician Certification Board (PTCB) are sufficient in the prescription area for each licensed pharmacist on duty.
- Notify the Board within 10 days of the change of employment.

A Technician Can:

- Check in orders from the wholesaler that **DO NOT** contain controlled substances.
- Place **NON-CONTROLLED** drugs into the pharmacy inventory.
- Under direct supervision of a pharmacist a technician can
 1. Type the prescription label
 2. Count and pour
 3. Place a label on the bottle.
- Perform any task that that does not require the professional judgment of a pharmacist. The pharmacist should make those tasks clear in order to adequately supervise any technician.

A Technician Cannot:

- *Communicate, **ORALLY** or in **WRITING** any of the following information:*
 1. *Medical, therapeutic, clinical or drug information;*
 2. *** Accept by oral communication a new prescription of **ANY** nature. It should be understood that a technician **CAN NOT** call a physician or have a discussion with his agent regarding a new prescription; receive **OR** transcribe an orally transmitted voice message left to a recording device for the pharmacist.*
 3. *Prepare a copy of a prescription, or read a prescription to another person.*
 4. *Counsel a patient on medications or perform a drug utilization review.*
 5. *Provide a prescription or medication to a patient without a pharmacist's verification as to the correctness of the prescription or medication. Verification shall mean that the licensed pharmacist shall be aware of the patient profile, DUR, computer overrides and drug interactions as well as the correctness of the selected medication and labeling.*
 6. *Place **CONTROLLED** drugs into the pharmacy inventory.*

680-X-2-.14 (4) In order to adequately protect the public health, technicians shall not:
(c) Accept by oral communication a new prescription of any nature.

*** Verbally requesting a “**new prescription authorization**” from a previously prescribed prescription out of refills from a physician or his agent **is** in the act of processing a “new” prescription and is outside of the technician's legal role.*

*Joyce C. Altsman, R.Ph.
Director of Education & Compliance
Alabama State Board of Pharmacy*