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 (CE) 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 $45 plus the reinstatement fee of $50 for a total of $95. To reinstate, the pharmacy technician must provide documentation of approved CE credits. In lieu of submitting certificates, pharmacy technicians may submit the summary "transcript of CPE activity" of their ACPE accredited CEs found on CPE Monitor at www.nabp.pharmacy. 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 up to a maximum of 20 hours. CE must be dated no earlier than January 1st of the year that the registration expired. ***See example below.***

After five years, the pharmacy technician shall take and pass a national certification examination administered by PTCB or NHA, unless national certification is currently maintained. Documentation of completion of 20 hours of CE must accompany the reinstatement application and fee. If national certification through PTCB or NHA is maintained, documentation of current active status shall also accompany the application.

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 $200 reinstatement fee, and provide certificates of 5 hours CE for each year since the registration was last in a current active status as described above. In lieu of submitting certificates, pharmacy technicians may also submit the summary of their ACPE accredited CEs found on CPE Monitor at www.nabp.pharmacy. ***See example below.***

[Example: registration expires or is suspended on 12/31/2019 and the pharmacy technician applies for reinstatement on 3/1/2022. Total CE hours needed to reinstate = 5 hours each for 2019, 2020, and 2021 for a total of 15 hours. No hours may be dated prior to 1/1/2019 and any dated 2021 used to reinstate may not be used to meet the 2021 requirement to renew for 2022]

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Board of Pharmacy

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APPLICATION TO REINSTATE A PHARMACY TECHNICIAN REGISTRATION

Number of hours of continuing education needed to reinstate: _____

☐ **Reinstatement—lapsed registration $95.00**

☐ **Reinstatement after *suspension* $200.00 *or* revocation**

☐ **Reinstatement after returned check suspension $_____**

The required fee and continuing education documentation must accompany the application. Make check or money orders payable to "Treasurer of Virginia". Fees are non-refundable.

INSTRUCTIONS

1. Applicants must complete all sections.
2. Completed application and fee must be mailed to the above address. Applications will be returned if no fee enclosed.
3. Attach CPE Monitor transcripts. These may be printed from www.nabp.pharmacy.
4. If expired more than 5 years, attach documentation of current active status through PTCB or NHA

GENERAL INFORMATION

Name: Last	First	Middle/Maiden

Street Address (official address of record**)	City

State	Zip Code	Telephone Number	Email Address

Street Address (public address)	City

State	Zip Code	Telephone Number	Email Address

Date of Birth	Social Security Number or Virginia DMV Number

Pharmacy Technician Registration Number	Name at time registration was last current. (Attach copy of marriage registration or court order authorizing name change)
0230	

PTCB or NHA Certification Number:	NABP E-Profile ID Number

**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			
Date of last current active status	Total CE submitted	Applicant ID	Receipt Number

APPLICATION QUESTIONS – NOTE: Attach additional pages if needed as well as any related documents requested. If your response to any of the questions below require you to submit additional documentation, please provide a personal statement explaining the circumstances regarding each response to assist the Board with processing your application.

		YES	NO
1.	Have you obtained the required continuing education hours to reinstate? **Please attach CPE Monitor transcript and/or continuing education certificates.**	☐	☐
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**:	☐	☐
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**:	☐	☐
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.**	☐	☐
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.**	☐	☐
6.	Have you ever been convicted of a violation of local, state or federal statute, regulation or ordinance, or entered into any plea agreement relating to a felony or misdemeanor? (Exclude traffic violations, except convictions for driving under the influence and reckless driving). **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. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.**	☐	☐
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.**	☐	☐
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.**	☐	☐
9.	Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? **If yes, please provide a full explanation. Note: The Board may ask for additional documentation.**	☐	☐
10.	Are you able to perform the essential functions in your area of practice with or without reasonable accommodation? **If no, please provide a full explanation. Note: The Board may ask for additional documentation.**	☐	☐

		YES	NO
11.	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.**	☐	☐
12.	Are you a spouse of someone who is on federal active-duty orders pursuant to Title 10 of the U. S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state or the District of Columbia?	☐	☐
13.	Are you active duty military?	☐	☐

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:** _____