Virginia Department of Health Professions
Board of Pharmacy

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www.dhp.virginia.gov/pharmacy

Application for Registration as a Pharmacy Technician Trainee

Application Fee: $30.00

The required non-refundable fee must accompany the application. Make check payable to "Treasurer of Virginia".

Applicant - Please provide the information requested below. (Print or Type)

Name: Last	First	Middle/Maiden

Street Address (official address of record**)			
City	**State**	**Zip Code**	**Tel Number**

Street Address (public address – if different than official address)**			
City	**State**	**Zip Code**	**Tel Number**

Date of Birth	Social Security Number or Virginia DMV Control Number

Email address

Please complete the section below:
I am currently enrolled in the _____ pharmacy technician training program.
(name of training program)

Please check one box below. My training program is…

☐ PTCB or NHA recognized ☐ ASHP/ACPE accredited ☐ ASHP/ACPE in candidate status ☐ DOE accredited
☐ Operated by a federal agency or branch of the military ☐ Accredited by an accreditation body approved by the board

**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.

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 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, 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.**	☐	☐

		YES	NO
2.	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.**	☐	☐
3.	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.**	☐	☐
4.	Have you ever been denied a license or registration as a pharmacy technician in any jurisdiction? **If yes, state where, explain the reason, and attach any related documents.**	☐	☐
5.	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.**	☐	☐
6.	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.**	☐	☐
7.	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.**	☐	☐
8.	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?	☐	☐
9.	Are you active duty military?	☐	☐

Applicant's written statement: (please read and sign)

I _____ hereby certify and affirm that the statements contained in this application for
(print name)
registration as a pharmacy technician trainee in the Commonwealth of Virginia are true and accurate in every respect. I certify that I am enrolled in the above mentioned pharmacy technician training program and agree to return the pharmacy technician trainee registration should I become unenrolled from the program. I further certify that I have not been previously registered as a pharmacy technician in Virginia.

Signature of Applicant	Date