



STATE OF MAINE BOARD OF PHARMACY

**Application and applicant information to assist
in completing your application**

**Pharmacy Technician
or
Pharmacy Technician Advanced
(this application applies only if you are an
employee of a Maine pharmacy)**

**If you are currently licensed as a Pharmacy Technician and you want to be
licensed as a Pharmacy Technician Advanced - this application needs to be
completed again to be licensed at the Advanced level.**

**Do not return the following informational pages with your
application; it is for your information only**

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333

(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

**Note: The office location address may be used only for overnight deliveries only. The
office address does not accept postal deliveries. You must use the mailing address for
all other regular mail deliveries.**

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY/Hearing Impaired 1-888-577-6690
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing

Email: pharmacy.lic@maine.gov

APPLICATION INSTRUCTIONS

PHARMACY TECHNICIAN or PHARMACY TECHNICIAN ADVANCED

****Fax submissions of applications and supporting documentation will not be accepted.**

Board and Related Laws and Rules. Laws and rules are available online at our website. Following is a suggested list of laws and regulations for you to read and become familiar with. This list may not be inclusive, for more detailed information visit our website at www.maine.gov/professionallicensing

- Maine Pharmacy law 32 MRS, Chapter 117
- Maine Board of Pharmacy rules 02 392 Chapters 1-32
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation law 10 MRS. §8001-8003 et al.
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation rules 02 041 Chapters 10, 11, and 13

INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED. Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review. All pages requiring initials must be returned to our office as part of your complete application.

The Board of Pharmacy requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 business days for delivery.

VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State or Jurisdiction of licensure in the form of a License Verification.

Please contact the State or Jurisdiction of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State or Jurisdiction providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing State or Jurisdiction providing License Verification
- State Seal

Please direct the licensing State or Jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification form is available on the Board's website in the applications and forms section.

IMPORTANT: Applications submitted without all of the Verifications of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

MAILING ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime?

(circle one) **NO** **YES**

If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction (including Maine) taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) **NO** **YES**

If yes, enclose a detailed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

**Board of Pharmacy
Pharmacy Technician
Required Fees: \$46.00**

(includes license and criminal record check fees)

Office Use Only:

PT 1421 - \$25.00
2619 - \$21.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

LICENSE TYPE: (CHECK BOX) (*PT1421*)

PHARMACY TECHNICIAN PHARMACY TECHNICIAN ADVANCED

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD the following amount: \$ _____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

SIGNATURE

DATE

SECTION 1: LIST BELOW EVERY STATE OR JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE. Includes pharmacy technician, pharmacy intern or pharmacist license or registration. List each state or jurisdiction in which you hold or have ever held a pharmacy technician, pharmacist or pharmacy intern, or any other professional license or registration.

1. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date
4. State, Territory, Country	License Number/ Type	Date Issued	Expiration Date

Use a separate sheet of paper if additional space is needed.

NOTE: For each of the above, you must submit with this application an official Verification of Licensure from each licensing state(s) or jurisdiction(s) (including foreign verifications).

IMPORTANT: Applications submitted without **all of the Verifications of Licensure** from the licensing state(s) or jurisdiction(s) will not be accepted and your application returned as incomplete.

SECTION 2: THIS SECTION TO BE COMPLETED ONLY IF YOU ARE APPLYING FOR A PHARMACY TECHNICIAN ADVANCED LICENSE PURSUANT TO CHAPTERS 1 AND 7 OF THE BOARD'S RULES.

CPhT Certification

I hold the designation of Certified Pharmacy Technician ("CPhT") as issued by the Pharmacy Technician Certification Board ("PTCB") and have maintained this certification in full force and effect.

Certification No. _____

Date Issued: _____ Expiration Date: _____

A copy of your CPhT certification must accompany this application.

Community Pharmacy Technician Training Program

I have successfully completed the National Community Pharmacy Technician Training Program and passed the corresponding National Pharmacy Technician examination (NPT).

Training program completed on: _____ Passed the NPT examination on: _____

A copy of your official examination results must accompany this application.

_____ INITIALS OF APPLICANT

SECTION 3: EMPLOYMENT - THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

Please list all Maine pharmacy locations where you will be employed as a pharmacy technician or are **currently employed**. Pursuant to 32 MRS 13702-A (25) employment in a Maine Pharmacy is required to obtain licensure.

1. Name of Pharmacy (Primary place of employment)		Pharmacy Lic#	
Pharmacy Address	City	State	Zip
Pharmacist in Charge		Pharmacist Lic. No.	
Signature of Pharmacist in Charge			
2. Name of Pharmacy		Pharmacy Lic#	
Pharmacy Address	City	State	Zip
Pharmacist in Charge		Pharmacist Lic. No.	
Signature of Pharmacist in Charge			
3. Name of Pharmacy		Pharmacy Lic#	
Pharmacy Address	City	State	Zip
Pharmacist in Charge		Pharmacist Lic. No.	
Signature of Pharmacist in Charge			

_____ INITIALS OF APPLICANT

SECTION 4: Check appropriate response to the question below. Any YES response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application.

<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p> <p>Clarification on programs:</p> <ul style="list-style-type: none"> • Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease. • Medicaid – Health program administered by the United States government for people with limited incomes. • MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid. 	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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SECTION 5: NOTICES

Public Information

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State’s website.

10 Day Notification Requirement

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

INITIALS OF APPLICANT

SECTION 5 (CONTINUED): NOTICES

Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

SECTION 6: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

The Applicant certifies by his/her signature that the management of the pharmacy will be vested with the licensed pharmacist in all matters directly or indirectly related to the practice of pharmacy or in any matters related to health, welfare, and safety of the public, as required by 32 MRS Section 13752(4).

Applications that are incomplete, altered (including the use of any white out substance), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.

Printed Name of Applicant	Title
Signature of Applicant	Date

Before mailing, double check that you have done the following:

- √ **Application is complete to include all signatures and initials are present**
- √ **Verification of licenses are attached for all states/jurisdictions held (if applicable)**
- √ **Copy of CPhT certification is attached if you are applying for Pharmacy Technician Advanced**
- √ **Your written statement (which should include your signature) of each criminal conviction(s) reported AND the supporting court records for each of the conviction(s) are attached (if applicable)**
- √ **Copy of any disciplinary action(s) taken by another state or jurisdiction (if applicable)**