

PHARMACY TECHNICIAN REGISTRATION APPLICATION INSTRUCTIONS – RENEWAL

This application should be completed by Maryland registered Pharmacy Technicians who are required to renew their registrations in accordance with Md. Code Ann., Health Occ §12-6B-07 and COMAR 10.34.34.08.

- Complete the attached Maryland Board of Pharmacy's **Application for Renewal of Technician Registration-Renewal**.
- **Submit the completed application with all attachments and a check or money order made payable to the Maryland Board of Pharmacy in the amount of \$ 45.00 . Please make sure the money orders/checks are signed before submitting to:**

Maryland Board of Pharmacy, P.O. Box 2013, Baltimore, MD 21203-2013

❖ Incomplete checks or money orders will be returned

- Applications sent overnight or through priority mail must be sent to:

**Santander, Attn: State of Maryland Board of Pharmacy, Lock Box 2013
100 Grove Rd., West Deptford, NJ 08086**

- **No applications with money orders or checks can be mailed to the office**

Once you have completed the renewal process you will receive a registration card in the mail. Please allow two weeks for processing of your renewal application.

- Completed applications must be postmarked at least two weeks prior to expiration of your current registration to ensure that you can continue practicing while the Board completes processing of the application. The Board may return incomplete applications, which may cause your current registration to expire before you are renewed.
- If an application is received less than two weeks prior to expiration of the current registration, or if additional information is needed due to an incomplete submission, the Board cannot guarantee that your new registration will be issued prior to the expiration of your current registration.
- If a renewal application has not been processed prior to the end of your birth month because of your failure to submit the renewal application in a timely fashion, you may not practice pharmacy in Maryland until the registration is reinstated.
- Working as a pharmacy technician without an active registration is a violation of the law which may result in disciplinary action by the Board of Pharmacy.
- During your first renewal cycle you are required to obtain 10 Continuing Education Credit Hours (CEs). For subsequent renewal cycles you are required to obtain 20 CE's. Attachment 1 is to be completed by pharmacy technicians who are randomly selected to be audited to provide detailed documentation regarding the CE hours earned during their last renewal period.
- **Pursuant to MD. Code Ann., Health Occ. § 1-225, all health practitioners must attest to completing an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program on their first license renewal after April 1, 2022.**
- To view and track continuing professional education credits from ACPE-accredited providers, all pharmacy technicians should obtain a NABP e-Profile identification number. To view and track these credits, you must first set up an NABP e-Profile, obtain your NABP e-profile ID, and register for CPE Monitor. You can obtain more information on the NABP website at https://store.nabp.net/OA_HTML/xxnabpibeGblLogin.jsp. (Note: Non-ACPE accredited CE programs must be approved by Board and may not be retrieved from the CPE Monitor system.)

- If you are interested in volunteering for the Emergency Preparedness Task Force, please visit <http://dhmh.maryland.gov/pharmacy/SitePages/emergency-preparedness-information.aspx> for more information and/or email MDresponds.dhmh@maryland.gov to register.

NOTE: The application fee is a non-refundable, administrative fee.

Maryland Board of Pharmacy

4201 Patterson Avenue
 Baltimore MD 21215-2299
 Phone: 410-764-4755
 Fax: 410-358-6207

www.dhmv.maryland.gov/pharmacy



**APPLICATION FOR PHARMACY TECHNICIAN
 REGISTRATION – RENEWAL**

TOTAL FEE PAID: \$45.00

Please print clearly in ink or type in uppercase letters only.

Complete all application sections and sign. **Incomplete forms will delay the issuance of your license.**

1. IDENTIFICATION (ALL INFORMATION REQUIRED)				
First Name:				
Middle Name:				
Last Name:				
Social Security Number:				
Registration #:				
Street Address:				
City:		State:		Zip:
Home Phone:				
Work Phone:				
Cell Phone:				
Date of Birth:		Place of Birth:		
Email Address:				

VETERANS AND SPOUSAL PREFERENCE	
Are you an active service member of the spouse or an active service member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a veteran or the spouse of a veteran who was discharged from active duty under a circumstance other than dishonorable within one (1) year of filing this application?	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. EMPLOYMENT INFORMATION			
Employer Name	Date of Hire	Address	City, State, Zip

3. REGISTRATION HISTORY

Have you applied for registration/licensure in any other state?

If YES, disclose all places, dates and results below. Attach additional sheets if necessary.

Name of State	Expiration Date	Registration/License Issued?
Date Licensed	License Number	In Good Standing?

Name of State	Expiration Date	Registration/License Issued?
Date Licensed	License Number	In Good Standing?

4. PERSONAL ATTESTATION QUESTIONS

Please read this section carefully and answer the following questions related to your practice as a pharmacy technician. If you answer “yes” to any question, please provide a detailed explanation (attach additional pages if necessary) and supporting documentation. Failure to provide complete and correct information may result in delay, or denial, of your application for registration. Please answer the following question based on information from the current registration period only.

1. Has any state licensing or disciplinary board (including Maryland) or any similar agency in the Armed Forces, denied your application for a registration, reinstatement or renewal, or taken any formal disciplinary action against any registration or license held by you? Such actions include, but are not limited to, reprimand, suspension or revocation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has any state licensing or disciplinary board (including Maryland) or similar agency in the Armed Forces, filed any complaints or charges against you or investigated you for any reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you surrendered or failed to renew a healthcare registration or license in any state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you ever withdrawn your application for a technician registration or other health professional license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has your employment by any pharmacy, clinic, healthcare practice, or wholesale drug distributor been terminated for disciplinary reasons?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you committed a criminal act for which you pled guilty or nolo contendere (see definition below), or for which you were convicted or received probation before judgment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Excluding minor traffic violations are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Have you committed an offense involving alcohol or controlled substances to which you pled guilty or nolo contendere, or for which you were convicted or received probation before judgment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Do you currently have a physical, mental, or emotional condition which adversely affects your practice as a pharmacy technician?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Do you currently use any illegal drugs or alcohol in a manner that adversely affects your practice as a pharmacy technician?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**** Nolo contendere- A plea in a criminal case which has a similar legal effect as pleading guilty. The defendant does not admit or deny the charges, but a fine or sentence may be imposed based on this plea.**

I affirm that the information I have given in answer to these questions is true and correct to the best of my knowledge and belief. I have read the Maryland Pharmacy Act, Section 12-101 et. seq., Health Occupations Article, Annotated Code of Maryland, and Board regulations, COMAR 10.34.01 et seq., and if registered, I agree to practice pharmacy in accordance with the laws of Maryland.

Signature:	_____
Date:	_____

5. CONTINUING EDUCATION RECORD FORM

During your first renewal cycle, you are required to obtain 10 Continuing Education Credit Hours (CEs). For subsequent renewal cycles, you are required to obtain 20 CEs.

Pursuant to MD. Code Ann., Health Occ. § 1-225, all health practitioners must attest to completing an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program on their first license renewal after April 1, 2022.

All CEs must be taken within your renewal period. The renewal period begins on the first day of the month after your birth month and ends on the last day of your birth month two years later. For example, if your birth month is January, your renewal period starts February 1st and ends January 31st two years later.

Attachment 1 is to be completed if you are randomly selected to be audited to provide detailed information regarding CEs earned since your last renewal period. Please add additional pages if you require additional space to enter CEs

Indicate below the number of Continuing Education Hours earned since your initial registration or last registration renewal period:

Number of ACPE Continuing Education Hours:	
Number of non-ACPE Continuing Education Hours:	
Implicit Bias Training:	

NAME	REGISTRATION #	NABP e-PROFILE #

I affirm under penalty of perjury that the information I have given on this continuing education record is true and correct to the best of my knowledge and belief.

Applicant's Signature:	_____
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Date:	_____
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Would you like to receive license renewal notification via email?	
Would you like to be an emergency preparedness volunteer?	

I, _____, do solemnly swear or affirm under the penalties of perjury that I have personally completed this application, that the foregoing information is true, correct and complete to the best of my knowledge and belief, and that I understand that any misrepresentation may constitute grounds for revoking this registration.

Applicant's Signature:	_____
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Date:	_____
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6. LIST OF DESIGNEES

If applicable, list the names of person and/or entity that you authorize the Board to release information about your application:

Name of Organization	Name of Person	Title

VOLUNTARY EQUAL OPPORTUNITY INFORMATION

To further its commitment to equal opportunity, the Board of Pharmacy requests applicants to VOLUNTARILY provide the following information. This information will be used for statistical purposes only by authorized personnel.

SEX:		
RACE:	Are you of Hispanic or Latino origin? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)	

<i>If you are not of Hispanic or Latino origin, select one or more of the following racial categories:</i>		
1.	American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)	
2.	Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)	
3.	Black or African American (A person having origins in any of the black racial groups of Africa.)	
4.	Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)	
5.	White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)	

**APPLICATION FOR PHARMACY TECHNICIAN
REGISTRATION RENEWAL**

ATTACHMENT 1

**CONTINUING EDUCATION HOURS DETAILED
DOCUMENTATION FORM FOR AUDITED CANDIDATES**

Please Print Clearly in ink or type in uppercase letters only.

NAME	LICENSE #	NABP e-PROFILE #

CE Program Name	Provider	Date Hours Taken	ACPE/Board Approval Number	# of CE Hours

I affirm under penalty of perjury that the information I have given on this continuing education record is true and correct to the best of my knowledge and belief.

Signature:	_____
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Date:	_____
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