Pharmacy Technician Renewal Requirements

All pharmacy technician licenses issued after December 31, 2007 must add either STUDENT or CERTIFIED designation by their *second* renewal, in accordance with Section 9 of the Illinois Pharmacy Practice Act (225 ILCS 85/9).

Please refer to your license. If STUDENT or CERTIFIED appears near the words PHARMACY TECHNICIAN, your designation will be retained and you are not required to submit any documentation with your renewal.

Pharmacy Technicians who must add STUDENT or CERTIFIED are not eligible for online or batch renewals and **must renew by mail.**

In order to add the **STUDENT** designation, you must submit **one** of the following **with your renewal**:

- A current letter from a school official on school letterhead that clearly indicates your name and status as a student in an ACPE school of pharmacy; OR
- A photocopy of your letter from the Illinois Department of Financial and Professional Regulation approving your outline of a 1200 hour Course of Clinical Instruction.

In order to add the **CERTIFIED** designation, you must submit **both with your renewal:**

- Proof of passing an approved pharmacy technician exam (a photocopy of your PTCB or ExCPT certificate) **AND**
- Proof of Education
  - Either a copy of your pharmacy technician program certificate/diploma **OR**
  - A statement from the pharmacist-in-charge of the pharmacy where you are currently employed certifying that you have successfully completed a training program as provided for in Section 1330.210(a) of the Rules for the Administration of the Illinois Pharmacy Practice Act. (PLEASE USE THE BOTTOM PORTION OF THE FORM BELOW.)

 CUT HERE

This portion of the form may be completed by your Pharmacist Trainer and returned with your renewal as proof of education for CERTIFIED status. **Print clearly.** Illegible entries will not be accepted.

My signature below certifies that:

- I am the Pharmacist-in-Charge of 054-_____ .
  Pharmacy License No.
- I have supervised the training of _____ , license no. 049-_____
  Pharmacy Technician's Name — Technician License No.
- He/She has successfully completed a training program as provided for in Section 1330.210(a) of the Rules for the Administration of the Illinois Pharmacy Practice Act.

_____ 051-_____ _____
Pharmacist Trainer Name (Print) — Pharmacist License No. — Pharmacist Trainer Signature