INSTRUCTION SHEET

PHARMACY TECHNICIAN

Reinstatement

For your application to be processed,
<u>ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED</u>
with the application and required fee unless otherwise directed in the instructions.

There are three ways to reinstate your pharmacy technician license:

Step I - Application and Supporting Documents.

1. If the Pharmacy Technician license is **already CERTIFIED,** submit the following:

   a. A completed **APPLICATION FOR REINSTATEMENT.**

   b. Documentation of any name changes during the period the license was not INACTIVE or NOT RENEWED. One must document each step of each change. Acceptable forms of proof include divorce decrees, spouse's death certificates, court orders showing name change, marriage certificates, naturalization documents. Documents that are not acceptable include driver's licenses, passports, and social security cards.

   c. Evidence of completing the Continuing Education requirements of Rules 68 IAC Section 1330.230 and Rules 68 IAC Section 1130.Subpart E (10 hours of CE including at least one hour in each):

      - pharmacy law (Act 225 ILCS 85/9.5)
      - patient safety (Act 225 ILCS 85/9.5)
      - sexual harassment prevention (Rules 68 IAC Section 1130.400)
      - implicit bias awareness (Rules 68 IAC Section 1130.500)

2. If the Pharmacy Technician license was **issued prior to January 1, 2008**, OR If the Pharmacy Technician license was **issued less than 2 years ago**, OR If the Pharmacy Technician license is **a STUDENT PHARMACIST license,** submit:

   a. A completed **APPLICATION FOR REINSTATEMENT.**

   b. Documentation of any name changes during the period the license was not INACTIVE or NOT RENEWED. One must document each step of each change. Acceptable forms of proof include divorce decrees, spouse's death certificates, court orders showing name change, marriage certificates, naturalization documents. Documents that are not acceptable include driver's licenses, passports, and social security cards.

3. If the Pharmacy Technician license is a **STUDENT PHARMACIST license,** OR **All other licenses,** OR **If one is not sure,** submit:

   a. A completed **APPLICATION FOR REINSTATEMENT.**

   b. Documentation of any name changes during the period the license was not INACTIVE or NOT RENEWED. One must document each step of each change. Acceptable forms of proof include divorce decrees, spouse's death certificates, court orders showing name change, marriage certificates, naturalization documents. Documents that are not acceptable include driver's licenses, passports, and social security cards.

   c. Evidence of being **CERTIFIED** or **STUDENT PHARMACIST.** Being **CERTIFIED** involves two things- EDUCATION and EXAMINATION

- For the EXAMINATION, one must pass either the ExCPT or PTCB Pharmacy Technician Certification Exam and provide in a copy of the certificate.
- For EDUCATION, one can complete a Pharmacy Technician Certification diploma program, or one could have a pharmacist report that they have completed on the job training. One can use the form at ***https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/renewals/apply/forms/f2224.pdf*** for on-the-job training.
- The same form may be used to document STUDENT status.

STEP II - Fee

Identify the fee to reinstatement your license by using the Restoration/Reinstatement Fee Calculator.

Payment must be in the form of a check or money order payable to IDFPR, or by submitting a payment online using the ePay Portal at:
https://idfpr.illinois.gov/epay.html

STEP III - Mail Application

Mail your application for reinstatement, supporting documents and payment to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
PO Box 7450
Springfield, IL 62791

Need Assistance

If you need assistance, please contact the Department of Financial and Professional Regulation at:

1-800-560-6420 TTY: 1-866-325-4949

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Request for Reinstatement of Illinois License

PLEASE PRINT

License No:_____ SSN or ITIN:_____ Date of Birth:_____
(last four only)

First Name:_____ Last Name:_____

Business Name:_____ FEIN #:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone Number:_____ Email Address:_____

☐ **CHECK HERE IF NAME OR ADDRESS CHANGE.** A name change must be accompanied by documentary proof. Proof must be a certified copy with an official stamp or seal and be one of the following: Marriage Certificate, Divorce Decree or Court Order.

☐ I consent to professional organizations having my email address.

Check the box indicating the appropriate information regarding your application.

☐ **Military** ☐ **Military Spouse** ☐ **Not Military** ☐ **Decline to Answer**

Military service member is defined as. "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

   Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☐
   (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

   Are you delinquent in the filing of state taxes? Yes ☐ No ☐

3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

   Are you delinquent in complying with workers' compensation obligations Yes ☐ No ☐

4. Do you certify you have fully complied with this profession's continuing education requirements? Yes ☐ No ☐

   NOTE: Continuing education is not required for the first renewal of this license. If this is your first renewal, please answer (Yes) to this question.

   Making a false statement may subject the licensee to disciplinary action.

   You may verify the continuing education requirements of your profession here: https://idfpr.illinois.gov/rules2015.html

Pursuant to 20 ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding charges or convictions pertaining to certain offenses. **Please check applicable profession.**

- ☐ Acupuncturist
- ☐ Advanced Practice Registered Nurse
- ☐ Advanced Practice Registered Nurse - Full Practice Authority
- ☐ Athletic Trainer
- ☐ Audiologist
- ☐ Behavior Analyst
- ☐ Behavior Analyst Assistant
- ☐ Certified Midwife
- ☐ Chiropractic Physicians (D.C.)
- ☐ Dental Hygienist
- ☐ Dentist
- ☐ Genetic Counselor
- ☐ Licensed Practical Nurse
- ☐ Marriage and Family Therapist
- ☐ Marriage and Family Therapist Assoc.
- ☐ Music Therapist
- ☐ Naprapath
- ☐ Nursing Home Administrator
- ☐ Occupational Therapist
- ☐ Occupational Therapy Assistant
- ☐ Optometrist
- ☐ Orthotist
- ☐ Pedorthist
- ☐ Perfusionist
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physical Therapy Assistant
- ☐ Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.)
- ☐ Physician Assistant
- ☐ Professional Counselor (LPC)
- ☐ Professional Counselor, Clinical (LCPC)
- ☐ Psychologist, Clinical (LCP)
- ☐ Podiatrist
- ☐ Prosthetist
- ☐ Registered Nurse
- ☐ Registered Surgical Assistant
- ☐ Registered Surgical Technologist
- ☐ Respiratory Care Practitioner
- ☐ Sex Offender Associate
- ☐ Sex Offender Evaluator
- ☐ Sex Offender Treatment Provider
- ☐ Social Worker (LSW)
- ☐ Social Worker, Clinical (LCSW)
- ☐ Speech Pathologist

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

If you selected a profession above, please complete the next 4 questions.

		Yes	No
1)	Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? *	☐	☐
2)	Are you currently charged with or have you been convicted of a criminal battery against any patient *in the course of patient care or treatment*, including any offense based on sexual conduct or sexual penetration?	☐	☐
3)	Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? *	☐	☐
4)	Are you currently charged with or have you been convicted of a forcible felony? *	☐	☐

*If **YES** to any of the above, attach a personal statement describing the circumstances of the charge or conviction and a certified copy of the court records regarding your charge or conviction, including the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I understand if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. **I also understand the FEES ARE NOT REFUNDABLE.**

Payment Method

☐ Check / Money Order. Check Number: _____

☐ Online. Paid Online at:***https://idfpr.illinois.gov/epay.html*** in the amount of _____. Approved #:_____

_____ _____

Signature of Applicant Date

_____

Email

INCOMPLETE REINSTATEMENT: Incomplete forms will be returned and result in a substantial delay in the reissuance of your license. Please assure your reinstatement application is completed in full and includes the required fee and your signature. Fee must be a check or money order, payable to the IDFPR. Do not mail cash.