

INSTRUCTION SHEET

PHARMACY TECHNICIAN

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

An applicant for registration as a pharmacy technician may assist a registered pharmacist in the practice of pharmacy for a period of up to 60 days prior to the issuance of a certificate of registration if the applicant has submitted the required fee and an application for registration to the Department. The applicant shall keep a copy of the submitted application on the premises where the applicant is assisting in the practice of pharmacy.

The following materials are required to make application for a Pharmacy Technician license in Illinois:

1. Application for Pharmacy Technician Licensure. If the name shown on your application is different from that shown on your supporting documents, you must submit ***proof of legal name change***--a copy of marriage license, divorce decree, court order or statement explaining change and stating change was not for fraudulent purposes.
2. Proof of presently attending or having graduated from high school or a G.E.D. (General Education Development) program. Proof must be in the form of a diploma, certificate, transcript, or statement on school letterhead (copies are acceptable).
3. Must be 16 years of age (18 years of age for CERTIFIED designation).

The application which you submit is valid for 3 years from date of receipt. If you are issued a license, it will expire annually on March 31 regardless of date of issuance.

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

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov.

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IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Pharmacy Technician

*In order for your application to be processed,
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with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

TWO-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Personal History Information	
Part VI. Child Support and/or Student Loan Information	
Part VII. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
Part VII (signed and dated)	
Proof of high school graduation or its equivalent	
Proof of Legal Name Change (if applicable)	
Part V: Any questions answered "yes" must be accompanied by detailed explanation and any related documentation	
If applying for a Certified Pharmacy Technician submit the following information in addition to the above: Proof of graduation from a pharmacy technician training program Proof of successful passage of an examination certified by ICPT or PTCB	
If applying for a Student Pharmacist submit the following in lieu of proof of high school graduation or its equivalent: Proof of current enrollment as a student in an approved School of Pharmacy.	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

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APPLICATION FOR PHARMACY TECHNICIAN LICENSURE

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 85/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

- A. Type or print legibly with black ink only.
- B. The fee is \$40 - Make check payable to the Department of Financial and Professional Regulation. **THIS FEE IS NOT REFUNDABLE!**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

Forward application, supporting documentation and fee payment to:

**Illinois Department of Financial
and Professional Regulation**
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

If assistance is needed, direct your request to the following telephone number: **1-800-560-6420**

PART I: Application Category Information

1. PROFESSION NAME <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Certified Pharmacy Technician <input type="checkbox"/> Student Pharmacist	2. PROFESSION CODE 049	3. LICENSURE METHOD Non-examination	4. FEE \$40
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5. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |

PART II: Applicant Identifying Information

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., Ph.D, RN) N/A	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
4. PERMANENT MAILING ADDRESS CITY STATE/COUNTRY		ZIP CODE COUNTRY ____ - ____ - ____ + ____ - ____ - ____
5. MAIDEN, GIVEN, OR OTHER USED NAME(S)	6. PLACE OF BIRTH (CITY, STATE/COUNTRY)	7. DATE OF BIRTH ____ / ____ / ____ Month Day Year
9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work (____) _____ - _____ (Area Code)		8. <input type="checkbox"/> Female <input type="checkbox"/> Male
10. Home (____) _____ - _____ (Area Code)		
10. PREFERRED e-MAIL ADDRESS(ES) (If available)		

PART III: Education Information/Work History Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)														
1	2	3	4	5	6	7	8	9	10	11	12	Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	OR	Received G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. NAME OF LAST HIGH SCHOOL ATTENDED				3. LAST HIGH SCHOOL LOCATION (City and State)				4. DATE OF GRADUATION ____ / ____ / ____ Month Day Year						

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov.

NAME (Last, First, MI):

SS#:

Profession:

PHARMACY TECHNICIAN

PART IV: Record of Licensure Information

If you have been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. You must also list all other licenses held in Illinois; however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
Other States of Licensure including state where you most recently have been practicing.				

PART V: Personal History Information (This part must be completed by all applicants)

YES NO

1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.		
2. Have you been convicted of a felony? In general, a felony conviction by itself does not usually result in denial of licensure.		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.		
4. Do you have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		

PART VI: Child Support and/or Tax Information (Every applicant is required by law to respond to the following questions)

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

PART VII: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.