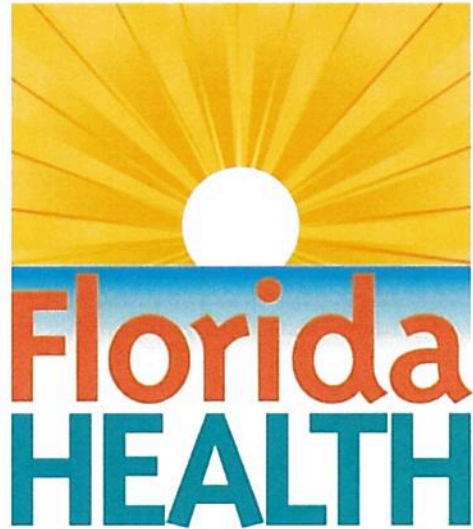# DIVISION OF MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292

Board of Pharmacy

Application for Registered Pharmacy Technician Training Programs

June 2018

Please note: Pursuant to the provisions set forth in Rule 64B16-26.351, FAC, the following programs are approved Registered Pharmacy Technician Training Programs and do not require application to the Board of Pharmacy:

1. Pharmacy technician training programs accredited on or before June 1, 2018, by the American Society of Health-System Pharmacists (ASHP).

2. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Southern Association of Colleges and Schools (SACS).

3. Pharmacy technician training programs accredited on or before June 1, 2018, by the Florida Commission for Independent Education (CIE).

4. Pharmacy technician training programs accredited on or before June 1, 2018, by the Pharmacy Technician Accreditation Commission (PTAC).

5. Pharmacy technician training programs accredited on or before June 1, 2018, by the Accreditation Council on Pharmacy Education (ACPE).

6 Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Middle States Commission on Secondary Schools.

7. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the New England Association of Schools and Colleges, Commission on Technical and Career Institutions.

8. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Western Association of Schools and Colleges, Accrediting Commission for Community and Junior Colleges.

9. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Northwest Commission on Colleges and Universities.

10. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Distance Education Accrediting Commission.

11. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Accrediting Council for Independent Colleges and Schools.

12. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Accrediting Commission of Career Schools and Colleges.

13. Pharmacy technician training programs provided by a branch of the federal armed services using a curriculum developed on or before June 1, 2018.

14. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Council on Occupational Education (COE).

15. Pharmacy technician training programs at institutions accredited on or before June 1, 2018, by the Middle States Commission on Higher Education;

16. Pharmacy technician training programs within the public-school system of the State of Florida that comply with the Florida Department of Education Curriculum Framework for Pharmacy Technician, program number H170500.

Application Processing

Please read all application instructions before completing your application.

Within 7-14 days of receipt of your application, the board office will notify you of the receipt of your application, any required documents, and your status. All sections must be completed in full. Failure to submit a complete application will result in a delay of processing. If you provide false information, the board may deny your application for registration.

APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to submit required documentation to the Board will result in an incomplete application. Faxed applications will not be accepted.

Non-Employer Based Programs (Complete questions 1-6 and Section I)

_____ **Evidence of licensure by the Florida Commission for Independent Education or equivalent licensing authority of another state or jurisdiction or be within the public school system of the State of Florida**

_____ **Sample Transcript and Sample Diploma**

_____ **Copy of curriculum, catalog or other course descriptions**

_____ **Copy of Faculty Credentials (job description, resume or curriculum vitae)**

Employer Based Programs (Complete questions 1-6 and Section II)

_____ **Copy of Faculty Credentials (job description, resume or curriculum vitae)**

_____ **Copy of curriculum, catalog or other course descriptions**

_____ **Sample evaluation to be filled out by participants at completion of program**

BOARD OF PHARMACY
P.O. BOX 6320 • TALLAHASSEE, FLORIDA 32314
PHONE: (850) 245-4292 www.floridaspharmacy.gov

APPLICATION FOR REGISTERED PHARMACY TECHNICIAN TRAINING PROGRAMS

Check the application types you are applying:
( ) Non-Employer Based Registered Pharmacy Technician Training Program **Complete questions 1-6 and Section I.**
( ) Employer Based Registered Pharmacy Technician Training Program **Complete questions 1-6 and Section II.**

1. List Full Corporate or Legal Name of Business Entity

2. List the Name of the Owner or Program Director

3. List Mailing Address

City	State	Zip Code

4. List Site Address			Telephone Number

City	State	Zip Code	County

List E-Mail Address (Optional)*	List Fax Number (Optional)

5. Who should the Board contact with questions regarding this application?
Name (Last, First)

Address	Telephone Number

City	State	Zip Code

E-Mail Address (Optional)*	Fax Number (Optional)

6. List the name and title of the administrative authority/authorities of the training program.

Name (Last, First)	Position/Title

* By providing an email address you agree to allow the board office to contact you with information regarding your application via e-mail. Under Florida law, e-mail addresses are public records. If you do not want your e mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

DH-MQA 1239 06/18
Rule 64B16-26.351, F.A.C.

SECTION I: NON-EMPLOYER BASED TRAINING PROGRAMS

7. Please attach evidence of licensure by the Florida Commission for Independent Education, equivalent licensing authority of another state <u>or jurisdiction</u> or that you are within the public school system of the State of Florida and the sample transcript and sample diploma.

8. Please attach a copy of program curriculum, catalog or other course descriptions. Indicate what percentage (%) of the following subject matter is included in the training program:

_____ Introduction to pharmacy and health care systems	_____ Records management and inventory control
_____ Pharmacy law	_____ Interpersonal relations, communications, and ethics
_____ Pharmaceutical-medical terminology, abbreviations, and symbols	_____ Pharmaceutical calculations
	_____ Other

9. List names of faculty that will be utilized for each educational activity of the training program. Provide evidence of academic preparation or experience in the subject matter (Attach copy of job description, resume or curriculum vitae). Use additional sheets if needed.

Name (Last, First)	Position/Title

10. Has a licensed pharmacist or registered pharmacy technician with expertise in pharmacy technician practice been involved in the planning and instruction of this training program?

Yes _____ No _____	If yes, please indicate the individual name(s) and license number(s): _____ _____ _____

Please Note: The following section is to be completed by Employer Based Training Programs Only

SECTION II: EMPLOYER BASED TRAINING PROGRAMS

11. Please attach a copy of program curriculum, catalog or other course descriptions. Indicate what percentage (%) of the following subject matter is included in the training program:

_____ Introduction to pharmacy and health care systems	_____ Records management and inventory control
_____ Pharmacy law	_____ Interpersonal relations, communications, and ethics
_____ Pharmaceutical-medical terminology, abbreviations, and symbols	_____ Pharmaceutical calculations
	_____ Other

12. Indicate the number of hours of training that is intended to be offered and length of training period.

Number of hours of training _____   Length of training period _____

13. List names of faculty that will be utilized for each educational activity of the training program. Provide evidence of academic preparation or experience in the subject matter (Attach copy of job description, resume or curriculum vitae). Use additional sheets if needed.

Name (Last, First)	Position/Title

14. Has a licensed pharmacist or registered pharmacy technician with expertise in pharmacy technician practice been involved in the planning and instruction of this training program?

Yes _____   No _____

If yes, please indicate the individual name(s) and license number(s):

_____

_____

_____

15. If the program offering includes clinical practice training in Florida, will a licensed pharmacist competent in the practice area provide supervision?

Yes _____   No _____   If no, please explain.

16. For self-directed learning experience, please indicate the minimum number of questions to be utilized to evaluate the participant knowledge at the completion of the learning experience. Also indicate the minimum score allowed in order to receive the certificate of completion.

Minimum number of evaluation questions _____   Minimum score allowed _____

17. Describe the course materials that will be provided to each student.

18. Are program participants given an opportunity to evaluate learning experiences, instructional methods, facilities and resources used for the offering?

Yes _____   No _____

If yes, please provide a sample of this evaluation. If no, please explain.

19. Has the provider established written policies and procedures for implementation of this training program?

Yes _____   No _____   If no, please explain.

20. Has the applicant established a maintenance system of record-keeping which provides for storage of program information?

Yes _____   No _____   If no, please explain.

21. Are records of programs maintained for three years?

Yes _____   No _____   If no, please explain.

22. Does the applicant provide a certificate of completion to each participant?

Yes _____   No _____

If yes, provide a sample of certificate of completion. If no, please explain.

I understand that the information provided as part of this application is accurate, and that, if approved I agree to abide by the requirements established by the Board of Pharmacy in Rule 64B16-26.351, F.A.C., for all Board approved Registered Pharmacy Technician Training Programs.

_____   _____
Signature Owner/Director   Date