



# Your Guidebook to PTCB Certification

## 2005

PTCB  
2215 Constitution Avenue, NW  
Washington, DC 20037-2985  
[www.ptcb.org](http://www.ptcb.org)  
Phone: 202-429-7576 • Fax: 202-429-7596

***PLEASE RETAIN THIS GUIDEBOOK FOR FUTURE USE.***



## Pharmacy Technician Certification Board

2215 Constitution Avenue, NW  
Washington, D.C. 20037-2985  
(202) 429-7576 phone  
(202) 429-7596 fax  
www.ptcb.org

### Board of Governors

Carmen A. Catizone, RPh, MS  
John A. Gans, PharmD  
Henri R. Manasse, Jr., PharmD, ScD, Chair  
Scott A. Meyers, MS, RPh  
Melissa Murer Corrigan, RPh  
Larry D. Wagenknecht, RPh

### Certification Council

Adrienne Lam Au, PharmD, MS, President  
Carmen A. Catizone, RPh, MS, Chair  
Richard W. Krajeck  
Marlene Lamnin, RPh  
Nicholas J. Mascioli, CPhT  
Melissa Murer Corrigan, RPh  
C. Ann Perry, RPh, Vice President  
Miriam A. Mobley Smith, PharmD  
Stephen T. Smith, MS, RPh, FASHP  
Mary Ann Stuhan, RPh  
Tamara C. Thomas, CPhT  
Bruce A. Wearda, RPh

### PTCB Staff

Melissa Murer Corrigan, RPh, Executive Director/CEO  
John H. Gibbs, Director, Operations & Administration  
Phara G. Rodrigue, Associate Director, Certification Programs  
Mark C. Franco, Manager, Finance & New Business  
Development  
Todd R. Philbrick, Manager, Information Resources  
& Stakeholder Relations  
Patrick K. Laurent, Executive Assistant  
Regina S. Latham, Coordinator, Certification Programs  
Khunteang Pa, Coordinator, Certification Programs  
Ureka D. Terrell, Senior Project Associate

## Table Of Contents

General Information .....	1
PTCB Certification Program Information.....	1
2005 Examination Information	
Exam Schedule.....	2
Apply Online.....	2
Day of the Exam Checklist.....	2
General Exam Information.....	2
Candidate Information.....	3
Completing the Application .....	3-5
Important Information.....	5-6
Examination Preparation.....	6
Day of Exam.....	7
After the Exam.....	7-8
Examination Content Outline.....	8-11
Knowledge Base Statement.....	11-13
2005 Test Centers.....	14-15
2005 School Codes.....	16-19
Sample Questions.....	20
New Certificate.....	21
Handscoring.....	22
Recertification Requirements & Guidelines..	23-26
Recertification Application.....	27-28
Audit Recertification Application.....	29-30
Universal Continuing Education Form.....	31
Reinstatement Requirements & Guidelines..	32-35
Reinstatement of Certification Application...	36-37
Useful Numbers.....	38
CPhT Logo Gear.....	39

**YOUR ATTENTION PLEASE!!!**  
The attention arrows used throughout this **Guidebook** will help direct you to important information.

---

# General Information

## Introduction

The Pharmacy Technician Certification Board developed the *Application Instructions* as a guide for individuals who are interested in the PTCB national certification program for pharmacy technicians. It explains the PTCB certification process and walks the candidate step-by-step through the eligibility requirements, application procedures and important deadlines.

Certification is the process by which a non-governmental association or agency grants recognition to an individual who has met certain predetermined qualifications specified by that association or agency.

The goal of PTCB's certification program is to enable pharmacy technicians to work more effectively with pharmacists to offer safe and effective patient care and service. PTCB is responsible for the development and implementation of policies related to national certification for pharmacy technicians. PTCB is not a governmental agency and has no regulatory authority.

This *Application Instructions* brochure contains practical information about the national Pharmacy Technician Certification Examination (PTCE). It gives instructions on registration procedures, lists important dates and deadlines. Please keep it readily available for reference both before and after the exam. Candidates are responsible for following its instructions on filling out the registration application and meeting all deadlines.

## Professional Examination Service (PES)

PES, PTCB's contracted testing company, is a non-profit testing company founded in 1941. PES specializes in the development and administration of national certification and licensure examinations. PES's primary operating principle is to develop examinations of the highest quality and reliability. Examinations are developed using the standards established by the National Commission for Certifying Agencies, the American Psychological Association, and the U.S. Equal Employment Opportunity Commission as guidelines.

---

# PTCB Certification Program Information

## Certification

There are two parts to being a Certified Pharmacy Technician (CPhT). First, pharmacy technicians must sit for and pass the national Pharmacy Technician Certification Examination (PTCE). Once a pharmacy technician has passed the exam, he or she may use the designation of CPhT. Second, to continue to hold certification, a CPhT is required to obtain twenty hours of continuing education for recertification within two years of original certification or previous recertification. For more information regarding certification please visit the PTCB web site ([www.ptcb.org](http://www.ptcb.org)). Check with your state board of pharmacy for licensing or registration requirements. Visit [www.napb.net](http://www.napb.net)

## Recertification

If you successfully sit for and pass the Pharmacy Technician Certification Examination, you may use the designation "CPhT". PTCB certification is valid for two years. CPhT's are required to complete 20 hours of pharmacy related continuing education (1 hour must be in pharmacy law) during their two-year certification period. Approximately sixty days before the recertification date, PTCB will mail a recertification packet to the candidate's mailing address on file. For more information regarding the recertification process, visit PTCB's web site ([www.ptcb.org](http://www.ptcb.org)) or fax (202-429-7596) to request for a copy of PTCB's *Recertification Requirements and Guidelines*. A copy of the *Guidelines* is also located on pages 23-26. For other information regarding certification, please visit the PTCB web site ([www.ptcb.org](http://www.ptcb.org)).

## Revocation of Certification

Basis for Revocation: The certification of an individual may be revoked by PTCB for any of the following reasons:

- documented, material deficiency in the current knowledge base necessary to achieve pharmacy technician certification;
- documented, gross negligence or intentional misconduct in the performance of services as a pharmacy technician;
- conviction of a felony or a crime involving moral turpitude (including the illegal sale, distribution or use of controlled substances and other prescription drugs);
- irregularity in taking, cheating on or failing to abide by the rules regarding confidentiality of the Pharmacy Technician Certification Examination (including post-examination conduct);
- failure to cooperate with PTCB during the investigation of another Certified Pharmacy Technician;
- making false or misleading statements in connection with certification or recertification.

For additional information on the procedure for Revocation of Certification, contact PTCB at (202) 429-7576, [www.ptcb.org](http://www.ptcb.org), or 2215 Constitution Avenue, NW, Washington, DC 20037.

## Personal Information Update

Each examination candidate must notify PES in writing of any changes in name or address. Changes in name must be accompanied by appropriate documentation (copy of a notarized marriage certificate, divorce decree, etc.). PES cannot notify you of exam admission or test results if your information is not current. The form on page 21 of this *Guidebook* should be used for notification of change.

After certification is achieved, PTCB should be informed of name and address changes. Maintenance of certified status depends on PTCB's ability to contact you. The form on page 21 should be used for notification of change or e-mail PTCB at [www.ptcb.org](http://www.ptcb.org).



# 2005 Application Instructions

## NATIONAL PHARMACY TECHNICIAN CERTIFICATION EXAMINATION

### 2005 PTCB Examination Schedule

The application fee is \$120.

Application Processing Opens	Application Receipt Deadline	Withdrawal/Incomplete Deadline (Last Day to Withdraw, Change Test Center, or Make Application Complete)	Examination Dates Regular Saturday*
November 23, 2004	January 21, 2005	February 18, 2005	March 19, 2005
March 29, 2005	May 27, 2005	June 24, 2005	July 23, 2005
July 26, 2005	September 23, 2005	October 21, 2005	November 19, 2005

\*Sunday test dates are available only for candidates who have religious beliefs that prevent them from taking the examination on Saturday. The Sunday test date is the day following the regular Saturday test date only. Appropriate documentation is required to register for Sunday test dates. Please refer to test centers insert for exact locations (blue sheet).

All application materials from previous years are no longer valid and should be discarded.

This *Application Instructions* brochure contains practical information about the national Pharmacy Technician Certification Examination (PTCE). It gives instructions on registration procedures, lists important dates and deadlines. Please keep it readily available for reference both before and after the exam. Candidates are responsible for following its instructions on filling out the registration application and meeting all deadlines.

For information on the PTCE administration issues – such as the status of your application or returned applications – contact the Professional Examination Service (PES), PTCB's contracted testing company.

Professional Examination Service  
475 Riverside Drive  
New York, NY 10115  
Toll Free Phone: (877) 782-2888  
Fax: (212) 367-4343

Information about the exact address/locations of the test centers will be available three weeks prior to the examination from PES or on PTCB's web site ([www.ptcb.org](http://www.ptcb.org)).

The PTCB does not discriminate against any individual because of race, gender, age, religion, disability, veteran status, or national origin. PTCB and PES endorse the principles of equal opportunity. Eligibility criteria for examination and certification under the national Pharmacy Technician Certification program are applied equally to all applicants regardless of race, religion, sex, national origin, veteran status, age, or disability.

All PTCB policies are available for review from the *PTCB Guidebook to Certification* at [www.ptcb.org](http://www.ptcb.org).

### Apply Online at [www.ptcb.org](http://www.ptcb.org)

Visit [www.ptcb.org](http://www.ptcb.org) to register online for the examination. Please refer to the registration schedule above. All deadlines are receipt deadlines by midnight (Eastern Time) of the stated date.

Registering via the internet allows you to send your completed application immediately and you will receive a confirmation by e-mail. Credit card payment is required to complete the online application.

Please note this option is for examination registration only. The national exam is not administered via the internet.

[www.ptcb.org](http://www.ptcb.org)

### Day of the Examination Checklist

- ✓ Arrive at the test center between 7:30 am and 8:00 am.
- ✓ Bring a clear, legible, and valid government-issued photo identification (your name on the ID & the admission ticket must match).
- ✓ Bring your admission ticket (this will be sent approximately 3 weeks prior to exam and is also available online).
- ✓ Bring several sharpened No. 2 pencils.
- ✓ Bring a silent, hand-held, non-programmable, battery-operated or solar-powered calculator. Scientific calculators will not be permitted.

Reference materials, books or papers are not allowed in the examination room. Your examination booklet will serve as scratch paper. Candidates who arrive after the start of pre-test instructions and candidates without the proper identification and admission ticket will not be admitted to the exam and their fees will be forfeited.

## General Information

### Introduction

The Pharmacy Technician Certification Board developed these *Application Instructions* as a guide for individuals who are interested in the PTCB national certification program for pharmacy technicians. It explains the PTCB certification process and walks the candidate step-by-step through the eligibility requirements, application procedures and important deadlines.

Certification is the process by which a non-governmental association or agency grants recognition to an individual who has met certain predetermined qualifications specified by that association or agency.

The goal of PTCB's certification program is to enable pharmacy technicians to work more effectively with pharmacists to offer safe and effective patient care and service. PTCB is responsible for the development and implementation of policies related to national certification for pharmacy technicians. PTCB is not a government agency and has no regulatory authority.

### Professional Examination Service (PES)

PES, PTCB's contracted testing company, is a non-profit testing company founded in 1941. PES specializes in the development and administration of national certification and licensure examinations. PES's primary operating principle is to develop examinations of the highest quality and reliability. Examinations are developed using the standards established by the National Commission for Certifying Agencies, the American Psychological Association, and the U.S. Equal Employment Opportunity Commission as guidelines.

© Copyright 2005 by  
The Pharmacy Technician Certification Board, Inc.  
ALL RIGHTS RESERVED

# Candidate Information

## Certification

There are two parts to being a Certified Pharmacy Technician (CPhT). First, pharmacy technicians must sit for and pass the PTCE. Once a pharmacy technician has passed the exam, he or she may use the designation of CPhT. Second, to continue to maintain certification, a CPhT is required to obtain twenty hours of continuing education for recertification within two years of original certification or previous recertification. For more information regarding certification, please visit the PTCB web site ([www.ptcb.org](http://www.ptcb.org)). Check with your state board of pharmacy for registration or other regulatory requirements. Visit [www.nabp.net](http://www.nabp.net).

## Recertification

Renewal of certification is required every two years. During the two-year certification period, a CPhT must earn twenty hours of pharmacy-related continuing education; one of the twenty hours must be in pharmacy law. Approximately sixty days before the recertification date, PTCB will provide recertification information to the candidate. To receive more information on recertification, visit PTCB's web site, [www.ptcb.org](http://www.ptcb.org), to download a copy of PTCB's *Recertification Requirements and Guidelines*.

## Eligibility Requirements

To sit for the PTCE you must have received a high school diploma or GED by the application receipt deadline, AND have never been convicted of a felony. **Note:** A felony conviction is not an absolute bar to apply for certification. Each case will be evaluated individually. If this applies to you, please enclose a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction by the application receipt deadline. (Those convicted of drug or pharmacy-related felonies are not eligible to sit for the PTCE).

Please send all documentation to:

PTCB  
Attention: Certification Programs  
2215 Constitution Avenue, NW  
Washington, DC 20037

Fax: (202) 429-7596

Please see section Revocation of Certification (page 6) for complete list of revocation criteria. If you are NOT eligible to sit for the exam, please do not complete and mail this application. **Note:** a \$15 processing fee will be assessed for all inaccurate, incomplete, or ineligible applications.

## Deadlines

All examination deadlines are receipt deadlines, not postmark dates. Your application materials must be received by PES by midnight (Eastern Time) of the date listed on the previous page. Any application received after the receipt deadline will be returned to you unprocessed. Applications received before the opening date of processing for that exam will be held until the appropriate date. No part of your fee will be refunded for a processed application unless you withdraw the application by the withdrawal deadline.

PTCB cannot be responsible for the delivery times of the post office or for items lost in the mail. The use of an overnight, traceable mail service is encouraged. PES will not accept hand-delivered applications.

## DANTES Program

Overseas military technicians may sit for the PTCE using the DANTES Program through the Military Education Centers, offered in July and November at select DANTES sites. For a listing of 2005 DANTES sites refer to the test centers (blue sheet) or visit [www.ptcb.org](http://www.ptcb.org) for more information.

## The Application Form

Processed exam applications can be reviewed on PTCB's web site ([www.ptcb.org](http://www.ptcb.org)). Candidates may edit their exam application up until the application receipt deadline (see schedule on cover page). After the application receipt deadline, candidates may only view their application via PTCB's web site.

Candidates may apply for the exam with the paper application or online at [www.ptcb.org](http://www.ptcb.org). Do not apply with both a paper application and online. The instructions and procedures for applying for the examination pertain to both the paper and online application.

The paper application accompanying the *Application Instructions* is designed to be processed by computer. Photocopies of the paper application will not be processed. You will be notified if your application is incomplete, unsigned, the payment is incorrect, the required documentation is missing or you are ineligible to sit for the PTCE. This delay may mean you cannot complete your registration before the deadline. Therefore, please read and carefully follow all instructions before sending in the application. Questions about the application process should be directed to the PES at (877) 782-2888.

## Statement of Confidentiality for PTCB Examination

On the day of the exam, you will be asked to read and sign the following statements:

### PTCE Candidate Attestation

1. This examination and the test questions contained herein are the exclusive property of the Pharmacy Technician Certification Board.
2. This examination and the items contained herein are protected by copyright law.
3. No part of this examination may be copied or reproduced in part or whole by any means whatsoever, including memorization.
4. The theft or attempted theft of an examination booklet is punishable as a felony.
5. My participation in any irregularity occurring during this examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or subsequent analysis, may result in termination of my participation, invalidation of the results of my examination, or other appropriate action.
6. Future discussion or disclosure of the contents of the examination orally, in writing, or by any other means is prohibited.
7. My signature below indicates that I have read and understood the statement of confidentiality. Failure to comply can result in termination of my participation, invalidation of the results of my examination or other appropriate action.
8. I understand that during this examination, I may NOT communicate with other candidates, refer to any materials other than those provided to me, or assist or obtain assistance from any person. Failure to comply with these requirements may result in the invalidation of my examination results as well as other appropriate action.
9. Under penalty of perjury, I declare that the information provided in my examination application and any required accompanying documentation is true and complete. I also declare that I received a high school diploma (or GED certificate) by the application receipt deadline for this examination, and, further, that I have never been convicted of a felony.
10. I agree that in the event my answer materials are damaged or lost, any claim I may have will not exceed the amount of my application fee for this examination.

My signature below and/or on my answer sheet for this examination indicates that I have read and understood the attestation statement. I am aware that failure to comply with the outlined requirements will result in serious consequences, including the invalidation of my examination results.

## Completing Page One of the Application

Follow these instructions carefully for completing each of the items on the application form. Use only a No. 2 pencil. If you use any other marking instrument, your application cannot be processed by computer and will be returned to you unprocessed. You may sign the application in ink. These instructions also apply to the online application ([www.ptcb.org](http://www.ptcb.org)). Credit card payment is required to complete an online application. All deadlines are receipt deadlines by midnight (Eastern Time) of the stated date (see cover for 2005 Examination Schedule).

### Name [Page 1: Boxes 1 and 2]

In Box 1, print your first name and middle initial in the spaces provided. Write only one letter in each space. In Box 2, print the letters of your last name in the spaces provided. Write only one letter in each space. When you have completed this, go back and fill in the oval in each verti-

cal column that corresponds to each letter of your first name, middle initial, and last name. Do not fill in ovals corresponding to blank spaces.

The name that you provide on the application will be the name printed on your admission ticket, score report, and, if you pass the national PTCE, your PTCB certificate and wallet card.

Make sure the name on your valid government-issued photo identification (driver's license, military id or passport) matches the name on your application and admission ticket; if the names are not the same, you will not be admitted to the exam and you will forfeit your exam fee.

### Social Security Number [Page 1: Box 3]

In Box 3, print your Social Security Number in the spaces provided. Write only one number in each space and fill in the corresponding oval beneath each space. Foreign pharmacy technicians who are not U.S. citizens and who do not have a Social Security Number may leave this box blank.

### Mother's Maiden Name [Page 1: Box 4]

In Box 4, print your mother's maiden name in the spaces provided. Write only one letter in each space and fill in the corresponding oval beneath each space. Do not fill in ovals corresponding to blank spaces. The name provided on the application will become the password used for security purposes.

### Address [Page 1: Boxes 5-6]

In Boxes 5-6 print your house number, street and apartment number (if any), leaving a blank space between each part of the address. Fill in the corresponding oval under each of the spaces. Do not fill in ovals corresponding to blank spaces. This is your mailing address – the address to which your admission ticket, score report, and other important information will be sent. If your address will not fit in the scannable boxes, print your complete mailing address neatly in Box 10a.

---

## Completing Page Two of the Application

### Address [Page 2: Box 7-10a]

In Boxes 7-10a print your City, Country Code, State and ZIP code, leaving blank spaces where necessary. Fill in the corresponding oval under each of the spaces. This is your mailing address – the address to which your admission ticket, score report and other important information will be sent. Mark your Country Code in Box 8. To complete Box 9, refer to the list of State Abbreviations (see page 4). If your address will not fit in the scannable boxes, print your complete mailing address neatly in Box 10a.

Any changes to your address should be reported to PES immediately.

### E-Mail Address [Page 2: Box 11]

In Box 11, print your e-mail address in the spaces provided. Write only one letter or number in each space and fill in the corresponding oval beneath each space. Do not fill in ovals corresponding to blank spaces. This address is important should PES need to contact you.

### Telephone Number [Page 2: Box 12]

Please fill in the area code and telephone number where you can be reached during daytime hours (9:00 am - 5:00 pm Eastern Time) and fill in the corresponding ovals under each of the spaces. This telephone number is very important should PES need to contact you.

### Test Center [Page 2: Box 13]

The list of PTCB Test Centers is found on the inserted Test Centers page (blue sheet). Choose the most convenient center and write the test center number in the spaces provided in Box 13. Then carefully fill in the appropriate oval under each space.

You may test in any state, regardless of state of residence or employment. PTCB arranges for overseas military technicians to sit for the PTCE using the DANTES Program through the Military Education Centers at selected test sites. The exam is only administered in July and November at select DANTES sites.

Sunday test dates are for candidates who have religious beliefs that prevent them from taking the exam on the scheduled Saturday test dates.

Note: Sunday test sites are only available in certain locations per administration. If you need a Sunday test site, you must choose from the sites offered. Appropriate documentation is required to sit for the Sunday test date. For more information, refer to the information under "Exam Date" (see below).

Three weeks prior to the examination, PES will mail an admission ticket that will provide you with the exact location/address of the test center. Admission tickets are also available online. Review this ticket carefully. If the information is incorrect, call PES immediately at (877) 782-2888. Four weeks prior to the examination administration date, test site addresses will be available on the PTCB web site, [www.ptcb.org](http://www.ptcb.org).

### Employer [Page 2: Box 14]

In Box 14, fill in the corresponding oval next to the name of your employer. If your employer is not listed, fill in the oval alongside "Other, not listed."

### Military or Government Agency Code [Page 2: Box 15]

If you are currently in the U.S. Military Service or employed by a government agency listed below, write the corresponding code in the spaces provided in Box 15. Fill in the corresponding oval under each of the spaces. If you are not in the military or government service, skip to Box 16.

U.S. Military Branch or Government Agency			
Air Force	001	Veterans Administration	005
Army	002	DHHS	006
Coast Guard	003	(IHS, NIH, NHSC, etc.)	
Navy	004	DOD Civilian	007

### School/Training Program Code [Page 2: Box 16]

A list of pharmacy technician school and training programs with corresponding codes is located on our web site ([www.ptcb.org](http://www.ptcb.org)). (If you do not have access to the website, please leave the section blank). If you have successfully graduated from or are currently attending any of the school/training programs listed, write the corresponding code in the spaces provided in Box 16. Fill in the corresponding oval under each of the spaces. If your school/training program is not listed, please fill in the code for "Other." If you received On-The-Job training and did not graduate from a formal training program, please fill in the code for On-The-Job Training.

Other	0000	On-The-Job Training	9999
-------	------	---------------------	------

### Exam Date [Page 2: Box 17]

In Box 17, fill in the corresponding oval with the appropriate date of the examination you wish to take. Be sure to specify the correct Saturday examination date in Box 17.

If your religious beliefs prevent you from taking the examination on Saturday, you may request a Sunday test date; the Sunday immediately following the Saturday test date. Indicate your request by filling in the oval labeled "I would like to request testing on Sunday." You must submit your request, including documentation with the application form. Documentation should consist of a letter on official stationery from the leader of your religious institution (rabbi, minister, etc.), including the following information: identification of religious affiliation, explanation of need for special alternate date, signature and title of religious leader. No additional fee is required.

Candidates with approved requests will be tested on the Sunday immediately following the regularly scheduled administration only at one of the listed Sunday sites (see blue sheet).

### Special Accommodations for Candidates with Disabilities [Page 2: Box 18]

If you do not need special accommodations for a disability, please fill in the oval next to "no" and skip down to the instructions for Box 19. If you are requesting special accommodations, please fill in the oval next to "yes" in Box 18 and continue with these instructions for the rest of Box 18.

Arrangements for persons with disabilities will be provided upon request, in conformance with the Americans with Disabilities Act (ADA). Physicians or other professionals submitting documentation in support of your request for accommodation may be contacted by PTCB for clarification of any information provided in regards to your testing needs.

If you have a documented disability (including a visual, orthopedic, or hearing impairment; health impairment; learning disability; emotional disability; or multiple disabilities) and need modification to the usual testing conditions, you may request special testing accommodations (e.g., magnifying lens, etc.) to take the PTCE. You will still be required to take the exam on regularly scheduled national test dates.

Please fill in the appropriate space in Box 18 that identifies the accommodation you are requesting, including extra time if needed. If you are requesting an accommodation other than those listed on the application, fill in the space for "Other" and provide a specific description of your needs.

Appropriate documentation must be enclosed with your application and must sufficiently explain your disability and the need for the accommodation(s). You must include a letter from an appropriate professional (e.g., physician, psychologist, occupational therapist, educational specialist) or evidence of prior diagnosis or accommodation (e.g., special education services). Previous school records may also be submitted to document your disability. Any professional providing documentation should know of your disability, have diagnosed and/or evaluated you, or have provided the accommodation for you.

The documentation letter you obtain from that professional must be on official stationery and include the following information:

- (1) identification of the specific disability/diagnosis;
- (2) the approximate date when the disability was first diagnosed/identified;
- (3) a brief history of the disability;
- (4) identification of the tests/protocols used to confirm the diagnosis;
- (5) a brief description of the disability;
- (6) a description of past accommodations made for the disability;
- (7) an explanation of the need for the testing accommodation(s); and
- (8) signature and title of the professional.

If you have been diagnosed as having an emotional disability, your letter from the appropriate professional should include identification of the DSM-IV classification of the diagnosis.

Your request for special accommodations will be reviewed, and PES will notify you of the status/disposition of your request at least five weeks before the examination date. If you have specific questions regarding the provisions of a testing accommodation, please contact PES at 475 Riverside Drive, New York, NY 10115 or at (877) 782-2888 for details.

If you do not notify PES of needed or needed accommodations by the application receipt deadline, the accommodations will not be available at the time of the examination.

PTCB acknowledges the provisions of the ADA and will offer the examination in a center and manner that is accessible to persons with disabilities or offer alternative arrangements for candidates with disabilities.

## Signature [Page 2: Box 19]

Fill in the appropriate boxes, sign and date your application form. If you have previously taken this examination under a different name, please print this name next to your signature. If you do not sign your application, and check all boxes, your application will be considered incomplete. You will be asked to resubmit your application with signature and an additional \$15 processing fee. By signing and checking yes for each statement, you acknowledge that:

- (1) You have read and fully understand the instructions;
- (2) You have received a high school diploma or a GED by the application receipt deadline; and,
- (3) You have not been convicted of a felony. **Note:** A felony conviction is not an absolute bar to apply for certification. Each case will be evaluated individually. If this applies to you, please enclose a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction. (Those convicted of drug or pharmacy-related felonies are not eligible to sit for the PTCE). Please see section Revocation of Certification (page 6) for complete list of revocation criteria.
- (4) All statements provided on the application are true.

If you are found to be ineligible to sit for the exam, you will be assessed a \$15 processing fee and your application will not be returned.

By signing, checking yes for each statement, and submitting this registration application, I accept the terms and conditions of the PTCB certification program, including the right of PTCB to confirm to any individual or organization whether or not I am currently certified.

## Fees [Page 2: Box 20]

The application fee is \$120. Fill in the correct amount on the appropriate line of Box 20. With your completed application enclose a certified check, money order, or corporate check for the amount due in U.S. dollars. Make your certified check or money order payable to the "Professional Examination Service." No personal checks, cash, or purchase orders will be accepted.

Credit card payments (MasterCard or Visa) are accepted, and you must use the attached credit card form.

If your employer is paying for your examination, confirm the various application and payment procedures it has established. Please note the application receipt deadlines are not extended for any reason. Organizations may issue and submit one check (corporate or certified) as payment for a group of candidates by meeting the following conditions:

- The names of all candidates covered by the payment must be listed on the check or attached documentation to ensure proper processing;
- The applications for all included candidates must accompany the check; and,
- All materials must be received by PES on or before the application receipt deadline.

If any application is in error, if there is a discrepancy in the amount of the check and the number of applications submitted, or if a credit card is rejected, the processing of all applications included in the package will be delayed. An additional \$15 processing fee will be assessed for incomplete or inaccurate application materials.

At the bottom of Box 20, please fill in the oval next to "yes" if your employer (or training program) paid for your examination fees. Fill in the oval next to "no" if you paid for the examination fees, even if your employer plans to reimburse you later. Credit card payment is required when completing an online application.

## Important Information

### Receipts

Your admission ticket to the examination serves as your receipt. Admission tickets are sent three weeks prior to the examination and are also available online. Do not discard your admission ticket after the exam as you may need it at a later date to serve as your receipt for your exam payment.

### Incomplete Applications

If your application is incomplete, you will be notified by mail and required to provide the necessary information by the withdrawal/ incomplete deadline together with an additional \$15 fee (see cover for 2005 Examination Schedule). If you do not provide the requested information or do not withdraw, in writing, from the examination by the withdrawal deadline you will forfeit all fees.

### State Abbreviations (see instructions for completing boxes 7-10a)

AL	Alabama	KY	Kentucky	OK	Oklahoma
AK	Alaska	LA	Louisiana	OR	Oregon
AZ	Arizona	ME	Maine	PA	Pennsylvania
AR	Arkansas	MD	Maryland	PR	Puerto Rico
CA	California	MA	Massachusetts	RI	Rhode Island
CO	Colorado	MI	Michigan	SC	South Carolina
CT	Connecticut	MN	Minnesota	SD	South Dakota
DE	Delaware	MS	Mississippi	TN	Tennessee
DC	District of Columbia	MO	Missouri	TX	Texas
FL	Florida	MT	Montana	UT	Utah
GA	Georgia	NE	Nebraska	VA	Virginia
GU	Guam	NV	Nevada	VI	Virgin Islands
HI	Hawaii	NH	New Hampshire	VT	Vermont
ID	Idaho	NJ	New Jersey	WA	Washington
IL	Illinois	NM	New Mexico	WV	West Virginia
IN	Indiana	NY	New York	WI	Wisconsin
IA	Iowa	NC	North Carolina	WY	Wyoming
KS	Kansas	ND	North Dakota		
		OH	Ohio		

## Postcard Acknowledgment

If you want PES to acknowledge receipt of your application materials, enclose the postcard included in this application packet with your registration materials. (Don't forget to write your address and put a stamp on the postcard). PES will send the postcard to you when they receive your application. Keep the postcard acknowledgment until after you have received your admission ticket. The postcard acknowledgment does not necessarily mean that your application is complete or correct — only that it has been received by PES. Candidates applying via the online application will receive an e-mail confirmation.

## Change of Test Centers

You may request a change from one test center to another by notifying PES in writing on or before the withdrawal/incomplete deadline. You may not change test centers after this deadline.

## Inclement Weather

The safety of all candidates is of utmost concern. In the event of inclement weather, the PES will coordinate with their on-site Chief Examiners and proctors to determine conditions at affected test centers. Cancellation will be recommended by PES if any one of the following conditions exists:

1. a State of Emergency has been declared for the test center area;
2. the test center facility has been closed; and/or,
3. the Chief Examiner cannot travel to the test center and indicates severe weather conditions at the test center.

If any one of these conditions exists, PES and PTCB will cancel the test administration at that center. PES will work through the Chief Examiner to place notices with local news services indicating the examination cancellation. No alternate date will be scheduled. Affected candidates will be allowed to sit for the examination on the next test date and will be contacted at a later date with information on any procedures that need to be followed. Visit PTCB's web site ([www.ptcb.org](http://www.ptcb.org)) prior to the exam for test center addresses changes or cancellations.

## Withdrawals

If you must withdraw your application from the examination, fax or send by certified mail a written withdrawal request before the withdrawal/incomplete receipt deadline (see cover page) to:

Professional Examination Service      **Fax: (212) 367-4343**  
475 Riverside Drive  
New York, NY 10115

(If you fax your request, be sure to obtain a fax confirmation receipt).

Checks for partial refunds (\$105) will be issued four weeks after the withdrawal/incomplete deadline, a \$15 administrative fee applies. If you do not withdraw your application prior to the deadline, you will forfeit the entire \$120 fee. Withdrawal requests will only be accepted from candidates. Employers or family members may not request withdrawal on behalf of candidates. Your application fee cannot be applied to a future examination date.

## Medical and Personal Emergency

Requests for medical and personal emergency withdrawals after the withdrawal/incomplete deadline are handled by PTCB on a case-by-case basis. Emergency withdrawals are granted for medical emergencies, deaths in the immediate family, etc. Please mail or fax a letter to PTCB describing your situation. Include:

- full name and signature;
- examination date;
- test center location;
- social security number;
- method of payment (corporate check, money order, etc.);
- copy of admission ticket; and
- documentation such as signed letter from physician, funeral notice, etc.

Send requests no later than seven days after the examination to:

PTCB      Fax: (202) 429-7596  
2215 Constitution Avenue, NW  
Washington, DC 20037

Checks for partial refunds (\$105) for approved medical and personal emergency withdrawals are issued approximately four weeks after the day of the exam, a \$15 administrative processing fee applies.

## Other Absences

If you withdraw or are absent from the PTCE and wish to take the exam at a future date, you must obtain a new application or register online and apply as before. Fees for missed exams are non-refundable and non-transferable. There are no exceptions.

# Examination Preparation

## Examination Format

The PTCE contains 140 multiple-choice questions. Fifteen of the 140 questions are pre-test questions and will not count toward your final score. The pre-test questions provide statistical information for possible use on future examinations; this information is vital in building a quality test. The pre-test questions are randomly placed throughout the exam. Candidates are encouraged to answer all questions. Each question provides four choices, with only ONE designated as the correct or best answer. The questions from the three functions tested are distributed randomly throughout the total exam. It is to your advantage to answer every question on the exam since the final score is based on the total number of questions answered correctly. You will have three hours to complete the PTCE.

The PTCE samples your knowledge and skill base for activities performed in the work of pharmacy technicians. Each question is carefully written, referenced, and validated to determine its accuracy and correctness. The Certification Council (composed of pharmacists, CPhTs, and pharmacy technician educators drawn from various practice settings and geographic areas) has developed the actual test items under the direction of PES testing experts. In addition, the content framework of the entire examination is supported by a nationwide study of the work pharmacy technicians perform in a variety of practice settings including community and institutional pharmacies. The content outline of the exam, the knowledge statements required to perform activities associated with each function, and a full-length practice test are available on the PTCB web site ([www.ptcb.org](http://www.ptcb.org)).

The content of the exam is characterized under three function areas:

- I. Assisting the Pharmacist in Serving Patients – 64% of exam
- II. Maintaining Medication and Inventory Control Systems – 25% of exam
- III. Participating in the Administration and Management of Pharmacy Practice – 11% of exam

## Preparing for the Examination

The PTCE applies to all practice settings. In preparing for the PTCE, familiarity with the material contained in any basic pharmacy technician-training manuals or books may be helpful. Your supervising pharmacist may also be helpful in designing a study plan. The PTCB does not endorse, recommend or sponsor any review course, manuals, or books for the PTCB exam.

PTCB encourages pharmacy technicians to visit the "Exam Information" portion of the PTCB web site ([www.ptcb.org](http://www.ptcb.org)). Candidates are able to access an online practice test, a list of texts used to assist in writing questions for the exam and a "Useful Numbers" section which provides the contact numbers for publishers of exam study materials.



Toll-free applicant phone line (877) 782-2888





---

# The Day of the Examination

## Admission to the Examination

If your application was received and processed by the application receipt deadline, you will be sent an admission ticket approximately three weeks before the test date. The admission ticket will contain the name of the test, the date on which the test will be given, the address of the test center, the time you are to report to the test center, and your name and identification number. If you lose your admission ticket or have not received an admission ticket one week before the test date, contact PES at (877) 782-2888 or print your admission ticket from the internet ([www.ptcb.org](http://www.ptcb.org)).

## Identification Requirements

In order to be admitted to the examination, PTCE candidates are required to present a valid form of one of the following: passport, driver's license with photograph (or non-driver's identification issued by the Department of Motor Vehicles), or U.S. Armed Forces photo identification. Your valid government-issued photo identification must be clear and legible. Your name must appear exactly as it is on your admission ticket.

If you arrive at the test center without the required ID and your admission ticket, or if your name and/or Social Security number on your photo ID do not match the name on your admission ticket, you will not be permitted to enter the test center. In either instance you will forfeit your exam fee.

## Examination Schedule

You must arrive at the test center at or before the 8:00 am reporting time indicated on your admission ticket. If you are traveling to an unfamiliar area, allow adequate time to locate the test center. Seating of candidates, distribution of test materials and testing instructions will begin shortly thereafter. The total testing time is three hours. Additional time has been allowed for instructions. You can expect to leave the test center around 12:00 noon.

***Candidates who arrive after the Chief Examiner has started pre-test instructions and candidates without proper government issued photo ID (driver's license, military ID or passport) and an admission ticket will not be admitted to the examination and their fees will be forfeited.***

7:30 am - 8:00 am	Report to the test center. Bring admission ticket, government-issued photo ID, several sharpened No. 2 pencils, and a calculator.
8:30 am	Instruction and Examination begin.
12:00 pm	Examination ends.

## Procedures at the Examination

You should bring several sharpened No. 2 pencils with erasers. No reference materials, books, or papers are allowed in the exam room. No test materials, documents, or memoranda of any sort may be taken from the examination room. Your test booklet will serve as scratch paper for the examination.

No questions concerning the content of the examination may be asked during the testing period. Listen carefully to instructions given by the Chief Examiner and read the directions in the test booklet.

You will be given the opportunity to comment in writing on any question contained in the examination that you believe is misleading or deficient in accuracy or content. A form for this purpose will be provided. After the exam, each comment will be reviewed by the PTCE Certification Council. However, responses to individual comments will not be provided. You also may comment in writing about test center facilities, test supervision, or any other matter related to the testing program to PES within two weeks after the day of the examination.

Chief Examiners are authorized to maintain a secure and proper test administration environment, including relocation of candidates. Candidates may not communicate with other candidates during the exam. Candidates will be inspected for recording devices such as hand-held scanners, cameras, tape recorders, or other recording devices. **Note: cellular phones, pagers or other electronic devices are not permitted in the examination room.** *If you are discovered using such a device at any point during the*

*examination, your behavior will be reported to the PTCE and a determination will be made regarding the invalidation of your test and/or the release of your scores. Areas around the testing room (e.g., hallways, restrooms, telephone stalls) are monitored throughout the examination for security purposes.*

## Use of Calculators

You are allowed to bring a hand-held, non-programmable, non-printing calculator that is silent. Only battery-operated or solar-powered calculators will be admitted. Scientific calculators are not acceptable for use during the exam. Calculators that perform fractions will not be allowed.

---

## After The Examination

### Receipt of Scores

PES will mail score reports approximately 30 days or sooner after the exam. Pass/Fail status will also be available online at the same time that official score reports are being mailed. Neither the PTCE nor PES will report individual scores by telephone, fax or e-mail. Candidates who do not receive score reports within 60 days after the test date should contact PES immediately in writing and a duplicate score report will be issued at no cost. Written requests for duplicate score reports should be sent to:

Professional Examination Service      Fax: (212) 367-4343  
475 Riverside Drive  
New York, NY 10115

### Duplicate Score Reports

Requests for duplicate score reports received more than 90 days after the examination date will require a \$15 processing fee. Please contact PES for more information.

### Confidentiality

The application to take the PTCE constitutes written authorization for the test developer to release that candidate's scores to the PTCE and to the candidate only. Access to candidate scores is limited to those staff members at the PTCE and PES who are involved in the production and mailing of these reports. Group performance data will be utilized by PES, the PTCE, or others designated by the PTCE for purposes of research and development and reporting to the profession. Individual test scores are provided to the candidate only. PTCE reserves the right to confirm to any individual or organization whether or not you are currently certified.

### Revocation of Certification

Basis for Revocation: The certification of an individual may be revoked by PTCE for any of the following reasons:

- documented, material deficiency in the current knowledge base necessary to achieve pharmacy technician certification;
- documented, gross negligence or intentional misconduct in the performance of services as a pharmacy technician;
- conviction of a felony or a crime involving moral turpitude (including the illegal sale, distribution or use of controlled substances and other prescription drugs);
- irregularity in taking, cheating on or failing to abide by the rules regarding confidentiality of the PTCE (including post-examination conduct);
- failure to cooperate with PTCE during the investigation of another CPhT;
- making false or misleading statements in connection with certification or recertification.

For additional information on the procedure for Revocation of Certification, contact PTCE at (202) 429-7576, [www.ptcb.org](http://www.ptcb.org), or 2215 Constitution Avenue, NW, Washington, DC 20037.

### Recertification

If you successfully sit for and pass the PTCE, you may use the designation "CPhT." PTCE certification is valid for two years. CPhTs are required to complete 20 hours of pharmacy-related continuing education (1 hour must be in pharmacy law) during their two-year certification period. For more information regarding the recertification process or to recertify online, visit PTCE's web site ([www.ptcb.org](http://www.ptcb.org)).

## Handscoring

If you receive a failing score on the test, you may request a handscore of your answer sheet. Requests for handscoring must be made in writing to PES within 90 days of the test date and must include the following information: Social Security Number; test date, and signature. Please use the form included in this *Guidebook* on page 22. An administration fee of \$50 (certified check or money order in U.S. dollars, payable to Professional Examination Service) will be charged for each handscore request. Do not request handscoring services until you have received your score report from PES.

## Recognition of Certification

Once you have met all eligibility requirements and have passed the national Pharmacy Technician Certification Examination, you may use the designation CPhT<sup>®</sup> after your name. CPhTs have demonstrated their knowledge and skills related to the work of pharmacy technicians. A certificate and wallet card will be sent to newly Certified Pharmacy Technicians approximately 60 days after sitting for the certification examination. Certification is valid for two years. CPhT designation lapel pins and uniform patches may also be purchased. See page 39 of this *Guidebook* for information and instructions on how to order. A listing of CPhTs will be maintained by the Pharmacy Technician Certification Board and may be reported in its publications.

## Reexamination

The Pharmacy Technician Certification Examination may be taken by eligible candidates as many times as needed to earn a passing score. A new application including appropriate documentation and \$120 in fees must be submitted each time to Professional Examination Service.

Applications are available from PTCB via e-mail at [www.ptcb.org](http://www.ptcb.org), and from your state pharmacy organization. Candidates may also complete an application via the internet ([www.ptcb.org](http://www.ptcb.org)). Reports are then printed and mailed.

## Passing Score

A panel of content experts establishes a passing score for the national Pharmacy Technician Certification Examination using appropriate setting procedures, under the guidance of PES. The passing score for the Pharmacy Technician Certification Examination is criterion referenced rather than normative; that is, it is based on a standard of performance that experts in the profession have determined to be acceptable for certification. It is not based on "curve" as are some academic tests.

Candidates must obtain a scaled score of at least 650 to pass the PTCE. The passing score was established by a panel of content experts who used the modified-Angoff method. Using this method, each question is individually evaluated and rated by the panelists. Panelists estimate the percentage of qualified candidates who will answer each item correctly. The overall passing score is computed by averaging the panelists' ratings. The PTCB Certification Council recommends the passing score to the Board of Governors.

To ensure the security and integrity of the PTCE, multiple forms of the examination with different questions are used over the years. The passing score is not set as a specific raw score or number of questions answered correctly because some of these exam forms may be slightly easier or more difficult than other forms. Because of the variations in difficulty, the PTCE is equated. Once the test forms have been equated, the raw scores are converted to scaled scores which are equivalent for all administrations of the PTCE. Thus, a given scaled reflects the same level of ability regardless of the form of the PTCE that was taken. The range of total scaled scores for the PTCE is 300-900.

Equating is a statistical process by which scores on different forms of the PTCE are calibrated onto a common scale. Equating ensures that candidates of comparable proficiency will be likely to obtain approximately the same scaled scores regardless of fluctuations in the overall difficulty level from one examination administration to another.

After each examination administration, individual test items are evaluated for their performance. Items identified as being ambiguous may be scored with multiple correct answers with no penalty to the candidates. Many quality control procedures are used during the scoring process to ensure the accuracy of score reports. Answer sheets are electronically scored and the data stored on computer files from which score reports are generated. A preliminary item analysis is conducted and reviewed by the PTCB Certification Council to make sure that the examination items perform as expected and are psychometrically sound. In addition, comments from candidates on exam questions are considered at this time. This review allows for adjustments to scoring if there are flawed test items. All the answer sheets are scored following the production of a final scoring key. Score reports are then printed and mailed.

Each candidate will receive a score report which will provide feedback from the three main function areas of the Examination Content Outline. This is done to give the candidate an idea of how well he/she performed in each area and to identify areas of weakness. The passing score, however, is based on the candidate's performance on all questions. There is no passing score for each of the functions.

---

# Pharmacy Technician Certification Examination Content Outline

PTCB has recently concluded the latest review of the tasks performed by pharmacy technicians. This study, conducted by PTCB with the assistance of the Professional Examination Service (PES), surveyed a group of randomly selected CPhTs throughout the United States. Survey participants represented diverse practice settings and other demographics. Data from this task analysis has been used to update the test content outline. The content outline of the examination is the blue print by which the exam is constructed.

Please review pages 11-13 for the knowledge statements that are required for the functions of pharmacy technicians according to the latest task analysis. The listing of knowledge statements will assist you in studying for the exam. If you are not familiar with a particular area, consult your supervising pharmacist.

For purposes of national certification, pharmacy technicians are defined as individuals working in a pharmacy, who under the supervision of a licensed pharmacist, assist in pharmacy activities not requiring

the professional judgement of a pharmacist.

The following functions and responsibilities are a subset of functions performed in pharmacy practice determined and verified through the national task analysis of pharmacy technicians. The Pharmacy Technician Certification Examination samples candidates' knowledge and skill base for activities performed in the work of pharmacy technicians. State rules and regulations as well as job-center policies and procedures may specifically define functions and responsibilities of pharmacy technicians.

The pharmacy technician is accountable to the supervising pharmacist, who is legally responsible by virtue of state licensure for the care and safety of patients served by the pharmacy. The pharmacy technician performs activities as the result of having certain knowledge and skills. These are characterized under three function areas:

- I. Assisting the Pharmacist in Serving Patients—64% of Examination**
- II. Maintaining Medication and Inventory Control Systems—25% of Examination**
- III. Participating in the Administration and Management of Pharmacy Practice—11% of Examination**

The specific responsibilities and activities that pharmacy technicians may perform within each function area are:

#### **I. Assisting the Pharmacist in Serving Patients**

1. Receive prescription or medication order(s) from patient/patient's representative, prescriber, or other healthcare professional:
  - Accept new prescription or medication order from patient/patient's representative, prescriber, or other healthcare professional
  - Accept new prescription or medication order electronically (for example, by telephone, fax, or computer)
  - Accept refill request from patient/patient's representative, prescriber, or other healthcare professional
  - Accept refill request electronically (for example, by telephone, fax, or computer)
  - Contact prescriber/originator for clarification of prescription or medication order refill
2. At the direction of the pharmacist, assist in obtaining from the patient/patient's representative such information as diagnosis or desired therapeutic outcome, medication use, allergies, adverse reactions, medical history and other relevant patient information, physical disability, and reimbursement mechanisms
3. At the direction of the pharmacist, assist in obtaining from prescriber, other healthcare professionals, and/or the medical record such

information as diagnosis or desired therapeutic outcome, medication use, allergies, adverse reactions, medical history and other relevant patient information, physical disability, and reimbursement mechanisms

4. At the direction of the pharmacist, collect data (for example, blood pressure and glucose) to assist the pharmacist in monitoring patient outcomes
5. Assess prescription or medication order for completeness (for example, patient's name and address), accuracy (for example, consistency with products available), authenticity, legality, and reimbursement eligibility
6. Update the medical record/patient profile with such information as medication history, allergies, medication duplication, and/or drug-disease, drug-drug, drug-laboratory, and drug-food interactions
7. Process a prescription or medication order:
  - Enter prescription or medication order information onto patient profile
  - Select the product(s) for a generically written prescription or medication order
  - Select the product(s) for a brand-name prescription or medication order (consulting established formulary as appropriate)
  - Obtain medications or devices from inventory
  - Measure, count, or calculate finished dosage forms for dispensing
  - Record preparation of prescription or medication, including any special requirements, for controlled substances
  - Package finished dosage forms (for example, blister pack, vial)
  - Affix label(s) and auxiliary label(s) to container(s)
  - Assemble patient information materials
  - Check for accuracy during processing of the prescription or medication order (for example, matching NDC number)
  - Verify the measurements, preparation, and/or packaging of medications produced by other technicians
  - Prepare prescription or medication order for final check by pharmacist
8. Compound a prescription or medication order:
  - Assemble equipment and/or supplies necessary for compounding the prescription or medication order
  - Calibrate equipment (for example, scale or balance, TPN compounder) needed to compound the prescription or medication order
  - Perform calculations required for usual dosage determinations and preparation of compounded IV admixtures
  - Compound medications (for example, ointments, reconstituted antibiotic suspensions) for dispensing according to prescription formula or instructions
  - Compound medications in anticipation of prescription or medication orders (for example, bulk compounding for a specific patient)

- Prepare sterile products (for example, TPNs, piggybacks)
  - Prepare chemotherapy
  - Record preparation and/or ingredients of medications (for example, lot number, control number, expiration date)
9. Provision of medication to patient/patient's representative:
    - Store medication prior to distribution
    - Provide medication to patient/patient's representative
    - Place medication in dispensing system (for example, unit-dose cart, robotics)
    - Deliver medication to patient-care unit
    - Record distribution of prescription medication
    - Record distribution of controlled substances
    - Record distribution of investigational drugs
  10. Determine charges and obtain reimbursement for services
  11. Communicate with third-party payers to determine or verify coverage and obtain prior authorizations
  12. Provide supplemental information (for example, patient package leaflets, computer generated information, videos) as requested/required
  13. Ask patient if counseling by pharmacist is desired
  14. Perform drug administration functions under appropriate supervision (for example, perform drug/IV rounds, anticipate refill of drugs/IVs)
  15. Assist the pharmacist in monitoring patient laboratory values (for example, blood pressure, cholesterol values)

## II. Maintaining Medication and Inventory Control Systems

1. Identify pharmaceuticals, durable medical equipment, devices, and supplies to be ordered (for example, want book)
2. Place orders for pharmaceuticals, durable medical equipment, devices, and supplies (including investigational and hazardous products and devices), and expedite emergency orders in compliance with legal, regulatory, professional, and manufacturers' requirements
3. Receive goods and verify against specifications on original purchase orders
4. Place pharmaceuticals, durable medical equipment, devices, and supplies (including hazardous materials and investigational products) in inventory under proper storage conditions
5. Perform non-patient-specific distribution of pharmaceuticals, durable medical equipment, devices, and supplies (for example, crash carts, nursing station stock, automated dispensing systems)
6. Remove from inventory expired/discontinued/slow-moving pharmaceuticals, durable medical equipment, devices, and supplies
7. Remove from inventory recalled pharmaceuticals, durable medical equipment, devices, and supplies
8. Communicate changes in product availability (for example, formulary changes, recalls) to pharmacy

- staff, patient/patient's representative, physicians, and other healthcare professionals
9. Implement and monitor policies and procedures to deter theft and/or drug diversion
  10. Maintain a record of controlled substances received, stored, and removed from inventory
  11. Perform required inventories and maintain associated records
  12. Maintain record-keeping systems for repackaging, bulk compounding, recalls, and returns of pharmaceuticals, durable medical equipment, devices, and supplies
  13. Compound medications in anticipation of prescription/medication orders (for example, bulk compounding)
  14. Perform quality assurance tests on compounded medications (for example, for bacterial growth; for sodium, potassium, dextrose levels; for radioactivity)
  15. Repackage finished dosage forms for dispensing
  16. Participate in quality assurance programs related to products and/or supplies (for example, orange book equivalence, formulary revision, nursing unit audits, performance evaluations of wholesalers)
  17. Communicate with representatives of pharmaceutical and equipment suppliers

## III. Participating in the Administration and Management of Pharmacy Practice

1. Coordinate written, electronic, and oral communications throughout the practice setting (for example, route phone calls, faxes, verbal and written refill authorizations; disseminate policy changes)
2. Update and maintain information (for example, insurance information, patient demographics, provider information, reference material)
3. Collect productivity information (for example, the number of prescriptions filled, fill times, money collected, rejected claim status)
4. Participate in quality improvement activities (for example, medication error reports, customer satisfaction surveys, delivery audits, internal audits of processes)
5. Generate quality assurance reports
6. Implement and monitor the practice setting for compliance with federal, state, and local laws, regulations, and professional standards (for example, Materials Safety Data Sheet [MSDS], eyewash centers, JCAHO standards)
7. Implement and monitor policies and procedures for sanitation management, handling of hazardous waste (for example, needles), and infection control (for example, protective clothing, laminar flow hood, other equipment cleaning)
8. Perform and record routine sanitation, maintenance, and calibration of equipment (for example, automated dispensing equipment, balances, robotics, refrigerator temperatures)
9. Maintain and use manual or computer-based information systems to perform job-related activities

- (for example, update prices, generate reports and labels, perform utilization tracking/inventory)
10. Maintain software for automated dispensing technology, including point-of-care drug dispensing cabinets
  11. Perform billing and accounting functions (for example, personal charge accounts, third-party rejections, third-party reconciliation, census maintenance, prior authorization)
  12. Communicate with third-party payers to determine or verify coverage
  13. Conduct staff training
  14. Aid in establishing, implementing, and monitoring policies and procedures

---

## Knowledge Statements

The knowledge base required to perform activities associated with each function of the pharmacy technician are:

### I. Assisting the Pharmacist in Serving Patients

1. Knowledge of federal, state, and/or practice site regulations, codes of ethics, and standards pertaining to the practice of pharmacy
2. Knowledge of pharmaceutical, medical, and legal developments which impact on the practice of pharmacy
3. Knowledge of state-specific prescription transfer regulations
4. Knowledge of pharmaceutical and medical abbreviations and terminology
5. Knowledge of generic and brand names of pharmaceuticals
6. Knowledge of therapeutic equivalence
7. Knowledge of epidemiology
8. Knowledge of risk factors for disease
9. Knowledge of anatomy and physiology
10. Knowledge of signs and symptoms of disease states
11. Knowledge of standard and abnormal laboratory values
12. Knowledge of drug interactions (such as drug-disease, drug-drug, drug-laboratory, drug-nutrient)
13. Knowledge of strengths/dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy
14. Knowledge of effects of patient's age (for example, neonates, geriatrics) on drug and non-drug therapy
15. Knowledge of drug information sources including printed and electronic reference materials
16. Knowledge of pharmacology (for example, mechanism of action)
17. Knowledge of common and severe side or adverse effects, allergies, and therapeutic contraindications associated with medications
18. Knowledge of drug indications
19. Knowledge of relative role of drug and non-drug therapy (for example, herbal remedies, lifestyle modification, smoking cessation)
20. Knowledge of practice site policies and procedures regarding prescriptions or medication orders
21. Knowledge of information to be obtained from patient/patient's representative (for example, demographic information, allergy, third-party information)
22. Knowledge of required prescription order refill information
23. Knowledge of formula to verify the validity of a prescriber's DEA number
24. Knowledge of techniques for detecting forged or altered prescriptions
25. Knowledge of techniques for detecting prescription errors (for example, abnormal doses, early refill, incorrect quantity, incorrect patient ID #, incorrect drug)
26. Knowledge of effects of patient's disabilities (for example, visual, physical) on drug and non-drug therapy
27. Knowledge of techniques, equipment, and supplies for drug administration (for example, insulin syringes and IV tubing)
28. Knowledge of non-prescription (over-the-counter [OTC]) formulations
29. Knowledge of monitoring and screening equipment (for example, blood pressure cuffs, glucose monitors)
30. Knowledge of medical and surgical appliances and devices (for example, ostomies, orthopedic devices, pumps)
31. Knowledge of proper storage conditions
32. Knowledge of automated dispensing technology
33. Knowledge of packaging requirements
34. Knowledge of NDC number components
35. Knowledge of purpose for lot numbers and expiration dates
36. Knowledge of information for prescription or medication order label(s)
37. Knowledge of requirements regarding auxiliary labels
38. Knowledge of requirements regarding patient package inserts
39. Knowledge of special directions and precautions for patient/patient's representative regarding preparation and use of medications
40. Knowledge of techniques for assessing patient's compliance with prescription or medication order
41. Knowledge of action to be taken in the event of a missed dose
42. Knowledge of requirements for mailing medications
43. Knowledge of delivery systems for distributing medications (for example, pneumatic tube, robotics)
44. Knowledge of requirements for dispensing controlled substances
45. Knowledge of requirements for dispensing investigational drugs

46. Knowledge of record-keeping requirements for medication dispensing
47. Knowledge of automatic stop orders
48. Knowledge of restricted medication orders
49. Knowledge of quality improvement methods (for example, matching NDC number, double-counting narcotics)
50. Knowledge of pharmacy calculations (for example, algebra, ratio and proportions, metric conversions, IV drip rates, IV admixture calculations)
51. Knowledge of measurement systems (for example, metric and avoirdupois)
52. Knowledge of drug stability
53. Knowledge of physical and chemical incompatibilities
54. Knowledge of equipment calibration techniques
55. Knowledge of procedures to prepare IV admixtures
56. Knowledge of procedures to prepare chemotherapy
57. Knowledge of procedures to prepare total parenteral nutrition (TPN) solutions
58. Knowledge of procedures to prepare reconstituted injectable and non-injectable medications
59. Knowledge of specialized procedures to prepare injectable medications (for example, epidurals and patient controlled analgesic [PCA] cassettes)
60. Knowledge of procedures to prepare radiopharmaceuticals
61. Knowledge of procedures to prepare oral dosage forms (for example, tablets, capsules, liquids) in unit-dose or non-unit-dose packaging
62. Knowledge of procedures to compound sterile non-injectable products (for example, eyedrops)
63. Knowledge of procedures to compound non-sterile products (for example, ointments, mixtures, liquids, emulsions)
64. Knowledge of procedures to prepare ready-to-dispense multidose packages (for example, ophthalmics, otics, inhalers, topicals, transdermals)
65. Knowledge of aseptic techniques (for example, laminar flow hood, filters)
66. Knowledge of infection control procedures
67. Knowledge of requirements for handling hazardous products and disposing of hazardous waste
68. Knowledge of documentation requirements for controlled substances, investigational drugs, and hazardous wastes
69. Knowledge of pharmacy-related computer software for documenting the dispensing of prescriptions or medication orders
70. Knowledge of manual systems for documenting the dispensing of prescriptions or medication orders
71. Knowledge of customer service principles
72. Knowledge of communication techniques
73. Knowledge of confidentiality requirements
74. Knowledge of cash handling procedures
75. Knowledge of reimbursement policies and plans
76. Knowledge of legal requirements for pharmacist counseling of patient/patient's representative

## II. Maintaining Medication and Inventory Control Systems

1. Knowledge of drug product laws and regulations and professional standards related to obtaining medication supplies, durable medical equipment, and products (for example, Food, Drug and Cosmetic Act; Controlled Substances Act; Prescription Drug Marketing Act; USP-NF; NRC standards)
2. Knowledge of pharmaceutical industry procedures for obtaining pharmaceuticals
3. Knowledge of purchasing policies, procedures, and practices
4. Knowledge of dosage forms
5. Knowledge of formulary or approved stock list
6. Knowledge of par and reorder levels and drug usage
7. Knowledge of inventory receiving process
8. Knowledge of bioavailability standards (for example, generic substitutes)
9. Knowledge of the use of DEA controlled substance ordering forms
10. Knowledge of regulatory requirements regarding record-keeping for repackaged products, recalled products, and refunded products
11. Knowledge of policies, procedures, and practices for inventory systems
12. Knowledge of products used in packaging and repackaging (for example, child-resistant caps and light-protective unit-dose packaging)
13. Knowledge of risk management opportunities (for example, dress code, personal protective equipment [PPE], needle recapping)
14. Knowledge of the FDA's classifications of recalls
15. Knowledge of systems to identify and return expired and unsalable products
16. Knowledge of rules and regulations for the removal and disposal of products
17. Knowledge of legal and regulatory requirements and professional standards governing operations of pharmacies (for example, prepackaging, difference between compounding and manufacturing)
18. Knowledge of legal and regulatory requirements and professional standards (for example, FDA, DEA, state board of pharmacy, JCAHO) for preparing, labeling, dispensing, distributing, and administering medications
19. Knowledge of medication distribution and control systems requirements for the use of medications in various practice settings (for example, automated dispensing systems, bar coding, nursing stations, crash carts)
20. Knowledge of preparation, storage requirements, and documentation for medications compounded in anticipation of prescriptions or medication orders
21. Knowledge of repackaging, storage requirements, and documentation for finished dosage forms prepared in anticipation of prescriptions or medication orders
22. Knowledge of policies, procedures, and practices regarding storage and handling of hazardous materials and wastes (for example, Materials Safety Data Sheet [MSDS])

23. Knowledge of medication distribution and control systems requirements for controlled substances, investigational drugs, and hazardous materials and wastes
24. Knowledge of the written, oral, and electronic communication channels necessary to ensure appropriate follow-up and problem resolution (for example, product recalls, supplier shorts)
25. Knowledge of quality assurance policies, procedures, and practices for medication and inventory control systems

### III. Participating in the Administration and Management of Pharmacy Practice

1. Knowledge of the practice setting's mission, goals and objectives, organizational structure, and policies and procedures
2. Knowledge of lines of communication throughout the organization
3. Knowledge of principles of resource allocation (for example, scheduling, cross training, work flow)
4. Knowledge of productivity, efficiency, and customer satisfaction measures
5. Knowledge of written, oral, and electronic communication systems
6. Knowledge of required operational licenses and certificates
7. Knowledge of roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees
8. Knowledge of legal and regulatory requirements for personnel, facilities, equipment, and supplies (for example, space requirements, prescription file storage, cleanliness, reference materials, storage of radiopharmaceuticals)
9. Knowledge of professional standards (for example, JCAHO) for personnel, facilities, equipment, and supplies
10. Knowledge of quality improvement standards and guidelines
11. Knowledge of state board of pharmacy regulations
12. Knowledge of storage requirements and expiration dates for equipment and supplies (for example, first-aid items, fire extinguishers)
13. Knowledge of storage and handling requirements for hazardous substances (for example, chemotherapeutics, radiopharmaceuticals)
14. Knowledge of hazardous waste disposal requirements
15. Knowledge of procedures for the treatment of exposure to hazardous substances (for example, eyewash)
16. Knowledge of security systems for the protection of employees, customers, and property
17. Knowledge of laminar flow hood maintenance requirements
18. Knowledge of infection control policies and procedures
19. Knowledge of sanitation requirements (for example, handwashing, cleaning counting trays, countertop, and equipment)
20. Knowledge of equipment calibration and maintenance procedures
21. Knowledge of supply procurement procedures
22. Knowledge of technology used in the preparation, delivery, and administration of medications (for example, robotics, Baker cells, automated TPN equipment, Pyxis, infusion pumps)
23. Knowledge of purpose and function of pharmacy equipment
24. Knowledge of documentation requirements for routine sanitation, maintenance, and equipment calibration
25. Knowledge of the Americans with Disabilities Act requirements (for example, physical accessibility)
26. Knowledge of manual and computer-based systems for storing, retrieving, and using pharmacy-related pharmacy information (for example, drug interactions, patient profiles, generating labels)
27. Knowledge of security procedures related to data integrity, security, and confidentiality
28. Knowledge of downtime emergency policies and procedures
29. Knowledge of backup and archiving procedures for stored data and documentation
30. Knowledge of legal requirements regarding archiving
31. Knowledge of third-party reimbursement systems
32. Knowledge of healthcare reimbursement systems (for example, home health, respiratory medications, eligibility and reimbursement)
33. Knowledge of billing and accounting policies and procedures
34. Knowledge of information sources used to obtain data in a quality improvement system (for example, the patient's chart, patient profile, computerized information systems, medication administration record)
35. Knowledge of procedures to document occurrences such as medication errors, adverse effects, and product integrity (for example, FDA Med Watch Program)
36. Knowledge of staff training techniques
37. Knowledge of employee performance evaluation techniques
38. Knowledge of employee performance feedback techniques

# Test Centers For Saturday Test Dates — Please check carefully!

Floating Test Centers are indicated with an (\*)— these centers are available for only some of the 2005 Examination dates.

State/City	Code	Mar	Jul	Nov	State/City	Code	Mar	Jul	Nov
<b>ALABAMA</b>					<b>INDIANA</b>				
Birmingham	0001	X	X	X	Evansville	0140	X	X	X
*Huntsville	0003			X	*Fort Wayne	0144		X	
*Mobile	0002	X		X	Indianapolis	0141	X	X	X
*Montgomery	0004		X		*South Bend	0143	X		
<b>ALASKA</b>					<b>IOWA</b>				
Anchorage	0010	X	X	X	Cedar Rapids	0150	X	X	X
<b>ARIZONA</b>					*Des Moines	0151	X	X	
*Flagstaff	0022		X	X	*Sioux City	0153		X	
Phoenix	0020	X	X	X	<b>KANSAS</b>				
Tucson	0021	X	X	X	*Kansas City	0160	X	X	
<b>ARKANSAS</b>					Wichita	0161	X	X	X
Little Rock	0030	X	X	X	<b>KENTUCKY</b>				
<b>CALIFORNIA</b>					*Bowling Green	0172			X
*Bakersfield	0046			X	Lexington	0170	X	X	X
*Chico	0047		X		*Louisville	0171	X		
Fresno	0040	X	X	X	<b>LOUISIANA</b>				
Los Angeles	0041	X	X	X	*Alexandria	0182		X	
Redding	0049	X			*Baton Rouge	0180	X		
Sacramento	0042	X	X	X	*Lake Charles	0183			X
San Diego	0043	X	X	X	*Monroe	0184	X		
San Francisco	0044	X	X	X	*New Orleans	0185		X	X
San Jose	0045	X	X	X	*Shreveport	0181			X
San Luis Obispo	0048		X	X	<b>MAINE</b>				
<b>COLORADO</b>					Portland	0191	X	X	X
*Colorado Springs	0050		X		<b>MARYLAND</b>				
Denver	0051	X	X	X	Baltimore	0200	X	X	X
*Cedar City	0052			X	<b>MASSACHUSETTS</b>				
<b>CONNECTICUT</b>					Boston	0210	X	X	X
Hartford	0060	X	X	X	*Springfield	0211	X		
*New Haven	0062		X		*Worcester	0212		X	
*Norwalk	0061			X	<b>MICHIGAN</b>				
<b>DISTRICT OF COLUMBIA</b>					Detroit	0220	X	X	X
Washington	0070	X	X	X	*Grand Rapids	0224			X
<b>DELAWARE</b>					Lansing	0222	X	X	X
*Dover	0081			X	*Petoskey	0221	X		
*Newark	0080	X	X		<b>MINNESOTA</b>				
<b>FLORIDA</b>					*Duluth	0230	X		
*Ft. Myers	0096		X		Minneapolis	0231	X	X	X
Jacksonville	0090	X	X	X	Rochester	0233	X	X	X
Miami	0091	X	X	X	<b>MISSISSIPPI</b>				
Orlando	0092	X	X	X	Biloxi	0250	X	X	X
Tallahassee	0093	X	X	X	*Jackson	0251	X		X
Tampa	0094	X	X	X	<b>MISSOURI</b>				
<b>GEORGIA</b>					*Kansas City	0240	X		X
*Albany	0100			X	Springfield	0242	X	X	X
Atlanta	0101	X	X	X	St. Louis	0241	X	X	X
*Augusta	0102		X		<b>MONTANA</b>				
Macon	0103	X	X	X	*Billings	0260	X		
Savannah	0104	X			*Great Falls	0263		X	
<b>HAWAII</b>					Helena	0261	X	X	X
Honolulu	0110	X	X	X	*Missoula	0262		X	
<b>IDAHO</b>					<b>NEBRASKA</b>				
*Boise	0120	X		X	*Grand Island	0271			X
*Pocatello	0121		X		Omaha	0270	X	X	X
<b>ILLINOIS</b>					*Lincoln	0273	X		
Bloomington	0132	X	X	X	<b>NEVADA</b>				
Chicago (North Side)	0130	X	X	X	Las Vegas	0310	X	X	X
Chicago (South Side)	0131	X	X	X					
*Springfield	0133		X						



State/City	Code	Mar	Jul	Nov	State/City	Code	Mar	Jul	Nov
<b>NEW HAMPSHIRE</b>					<b>TEXAS</b>				
Concord	0280	X	X	X	*Austin	0494		X	
<b>NEW JERSEY</b>					Abilene	0490	X	X	X
New Brunswick	0291	X	X	X	Amarillo	0446	X	X	X
*Atlantic City	0290			X	College Station	0443	X	X	X
<b>NEW MEXICO</b>					Corpus Christi	0445	X	X	X
Albuquerque	0300	X	X	X	Dallas	0440	X	X	X
<b>NEW YORK</b>					El Paso	0441	X	X	X
*Albany	0320		X	X	Houston	0442	X	X	X
*Binghamton	0324	X			McAllen	0492	X	X	X
Buffalo	0321	X	X	X	Midland	0493	X	X	X
New York City	0322	X	X	X	*Lubbock	0447	X		X
*Syracuse	0323	X	X	X	San Antonio	0444	X	X	X
<b>NORTH CAROLINA</b>					Tyler	0448	X	X	X
*Asheville	0330	X			<b>UTAH</b>				
Charlotte	0331	X	X	X	*Cedar City	0451		X	
*Hickory	0336			X	Salt Lake City	0450	X	X	X
Raleigh-Durham	0332	X	X	X	<b>VERMONT</b>				
Fayetteville	0333	X	X	X	*Montpelier	0470	X		
*Greenville	0335			X	*Burlington	0471		X	X
*Winston-Salem	0334	X		X	<b>VIRGINIA</b>				
<b>NORTH DAKOTA</b>					*Abingdon	0463	X		X
*Bismarck	0341		X		*Charlottesville	0465		X	X
*Fargo	0340	X			Norfolk	0460	X	X	X
*Minot	0342			X	Richmond	0461	X	X	X
<b>OHIO</b>					Roanoke	0462	X	X	X
Cincinnati	0350	X	X	X	*Winchester	0464	X		
Cleveland	0351	X	X	X	<b>WASHINGTON</b>				
Columbus	0352	X	X	X	*Port Orchard	0482	X		X
*Toledo	0353	X			*Seattle	0480	X	X	
<b>OKLAHOMA</b>					*Spokane	0481	X		
Oklahoma City	0360	X	X	X	<b>WEST VIRGINIA</b>				
<b>OREGON</b>					Charleston	0600	X	X	X
*Eugene	0370		X		<b>WISCONSIN</b>				
Portland	0371	X	X	X	*Green Bay	0502		X	
<b>PENNSYLVANIA</b>					Madison	0500	X	X	X
Harrisburg	0380	X	X	X	Milwaukee	0501	X	X	X
Philadelphia	0381	X	X	X	<b>WYOMING</b>				
Pittsburgh	0382	X	X	X	Casper	0700	X	X	X
*Wilkes-Barre	0383		X		<b>SUNDAY SITES</b>				
<b>PUERTO RICO</b>					<b>CALIFORNIA</b>				
Rio Piedras	0390			X	Los Angeles	0041A	X	X	X
<b>RHODE ISLAND</b>					<b>FLORIDA</b>				
Providence	0400	X	X	X	Orlando	0092A	X	X	X
<b>SOUTH CAROLINA</b>					<b>ILLINOIS</b>				
Charleston	0410	X	X	X	Chicago	0131A	X	X	X
Columbia	0411	X	X	X	<b>NEW YORK</b>				
Greenville	0412	X	X	X	New York City	0322A	X	X	X
<b>SOUTH DAKOTA</b>					<b>TEXAS</b>				
*Rapid City	0421		X		Houston	0442A	X	X	X
*Sioux Falls	0420	X		X	<b>DANTES</b>				
<b>TENNESSEE</b>					Rota, Spain	0809		X	
Johnson City	0430	X	X	X	Heidelberg, Germany	0802			X
Knoxville	0431	X	X	X	Aviano, Italy	0811		X	
Memphis	0432	X	X	X	Lakenheath, England	0801			X
Nashville	0433	X	X	X	Kaiserslautern, Germany	0815		X	
					Yokota, Japan	0820		X	
					Keflavik, Iceland	0817			X

# School Codes

State/Program name	City	State	Code	State/Program name	City	State	Code
<b>Alabama</b>				Northwest College of Medical & Dental Assts.			
Capps College	Mobile	AL	0303	West Covina	CA	0513	
Remington College	Mobile	AL	0301	Chula Vista	CA	0555	
Virginia College	Birmingham	AL	0302	Pima Medical Institute	San Diego	CA	0540
<b>Alaska</b>				Remington College-San Diego Campus	Sacramento	CA	0529
Fairbanks Memorial Hospital	Fairbanks	AK	0101	Sacramento City Unified School District	Santa Ana	CA	0514
<b>Arizona</b>				Santa Ana College	Santa Ana	CA	0514
Apollo College	Phoenix	AZ	0209	Santa Barbara Business College	Bakersfield	CA	5224
Apollo College	Tucson	AZ	0206	Santa Barbara Business College	Santa Barbara	CA	5225
Arizona College of Allied Health	Phoenix	AZ	0201	Santa Barbara Business College	Santa Maria	CA	5226
College America	Flagstaff	AZ	0204	Santa Barbara Business College	Ventura	CA	5227
Long Medical College	Phoenix	AZ	0202	Shasta-Trinity Reg. Occupational Program	Redding	CA	0516
Pima Community College	Tucson	AZ	0203	Silicon Valley College	Emeryville	CA	0556
Pima Medical Institute	Mesa	AZ	0207	Silicon Valley College	Fremont	CA	0535
Pima Medical Institute	Tucson	AZ	0208	Silicon Valley College	San Jose	CA	0541
Remington College	Tempe	AZ	0205	Silicon Valley College	Walnut Creek	CA	0557
<b>Arkansas</b>				Simi Valley Adult School	Simi Valley	CA	0528
Remington College	Little Rock	AR	0401	Southeast Regional Occupational Program (ROP)	Cerritos	CA	0538
<b>California</b>				Trinity College	Fairfield	CA	0536
American Career College	Los Angeles	CA	0502	United Education Institute	Los Angeles	CA	0558
American Institute of Health Science	Long Beach	CA	0501	United Education Institute	Ontario	CA	0559
Baldy View Regional Occupation Program (BVROP) Career Training Center	Ontario	CA	5217	United Education Institute	Van Nuys	CA	0560
Boston Reed	St. Helena	CA	0543	United Education Institute	San Bernadino	CA	0561
Bryman College	Anaheim	CA	0544	United Education Institute	San Diego	CA	0531
Bryman College	San Francisco	CA	0545	United Education Institute	San Diego	CA	0531
Bryman College	San Jose	CA	0546	Unitek	Fremont	CA	0562
Bryman College	Torrence	CA	0547	Unitek	Santa Clara	CA	0563
California Paramedical & Technical College	Long Beach	CA	0503	Veterans Affairs Medical Center	San Francisco	CA	0517
California Paramedical & Technical College	Riverside	CA	0504	Western Career College	Pleasant Hills	CA	0564
Career Colleges of America	San Bernadino	CA	0548	Western Career College	Sacramento	CA	0518
Career Colleges of America	South Gate	CA	0520	Western Career College	San Leandro	CA	0519
Career Resource Department - Kern High School District	Bakersfield	CA	0527	<b>Colorado</b>			
Central Union Adult High School	El Centro	CA	0533	Arapohoe Community College	Littleton	CO	0601
Cerritos College	Norwalk	CA	0505	Concorde Career Institute	Denver	CO	0609
Charles A. Jones Skills & Business Education Center	Sacramento	CA	0549	Front Range Community College	Westminster	CO	0605
Charles R. Drew University of Medicine & Science	Los Angeles	CA	0537	Heritage College	Denver	CO	0610
City College of San Francisco	San Francisco	CA	0506	IntelliTec Medical Institute	Colorado Springs	CO	0606
DVS College	Los Angeles	CA	0550	Pima Medical Institute	Colorado Springs	CO	0611
Enloe Pharmacy Technician School	Chico	CA	0522	Pima Medical Institute	Denver	CO	0612
Foothill College	Palo Alto	CA	0526	Remington College	Denver	CO	0608
Four-D Success Academy	Colton	CA	0551	Remington College	Colorado Springs	CO	0607
Fresno Institute of Technology	Clovis	CA	0552	Remington College	Colorado Springs	CO	0607
Golden Hills Learning Center Regional Occupational Program	Fairfield	CA	0539	Pueblo Community College	Pueblo	CO	0604
Grossmont Health Occupations Center	Santee	CA	0507	Connecticut			
Hartnell College Workforce & Community Development	Salinas	CA	0530	Briarwood College	Southington	CT	0702
HealthStaff Training Institute	Riverside	CA	0553	College of Connecticut	Sroors	CT	0703
HealthStaff Training Institute	Santa Ana	CA	0508	Gateway Community Technical College	North Haven	CT	0701
Marian Health Careers Center	Los Angeles	CA	0554	Norwalk Community College	Norwalk	CT	0704
Maric College Stockton	Stockton	CA	5237	<b>Delaware</b>			
Mission College	Santa Clara	CA	0534	Academy of Health Education & Consultant Services	Newark	DE	0801
North Orange County ROP	Anaheim	CA	0509	Poly-Tech Adult Education	Woodside	DE	0802
Northwest College of Medical & Dental Assts.	Glendale	CA	0510	<b>Florida</b>			
Northwest College of Medical & Dental Assts.	Pasadena	CA	0511	Academy for Practical Nursing and Health Occupations	West Palm Beach	FL	1027
Northwest College of Medical & Dental Assts.	Pomona	CA	0512	ATI Health Education Center	Miami	FL	1006
				Ava's Pharmacy Training Center	Davie	FL	1007
				Coral Ridge Training School	Ft. Lauderdale	FL	1018
				Florida Metropolitan University	Melbourne	FL	1019
				Florida Metropolitan University	Tampa	FL	1020
				Henry W. Brewster Technical Center	Tampa	FL	1001
				Keiser Career College	Pembroke Pines	FL	5219
				Keiser Career College	Port St. Lucie	FL	1008
				Keiser Career College	West Palm Beach	FL	5220
				Lake City Community College	Lake City	FL	1009
				Lee Country High Tech Center - Central	Ft. Meyers	FL	1021
				McFatter Vocational Technical Center	Davie	FL	1002

# School Codes

State/Program name	City	State	Code	State/Program name	City	State	Code
Miami Lakes Educational Center	Miami Lakes	FL	5238	<b>Iowa</b>			
Miami-Dade Community College	Miami	FL	1003	Scott Community College	Bettendorf	IA	1601
National School of Technology	Hialeah	FL	1023	<b>Kansas</b>			
National School of Technology	N. Miami Beach	FL	1010	Donnelly College	Kansas City	KS	1702
National School of Technology, Kendall	Miami	FL	1022	Wichita Area Technical College	Wichita	KS	1701
Orange Technical Education Center	Winter Garden	FL	1024	<b>Kentucky</b>			
Pinellas Tech Education Center	St. Petersburg	FL	1004	Draughon's Jr. College	Bowling Green	KY	1803
Professional Training Center	Miami	FL	1028	Madisonville Health Tech Center	Madisonville	KY	1801
Progressive Training Centers	Pembroke	FL	1011	National College of Business & Technology	Danville	KY	1804
Remington College	Largo	FL	1013	National College of Business & Technology	Florence	KY	1806
Remington College	Jacksonville	FL	1014	National College of Business & Technology	Lexington	KY	1807
Remington College	Tampa	FL	1012	National College of Business & Technology	Louisville	KY	1808
Ridge Technical Center	Winter Haven	FL	1015	National College of Business & Technology	Pikeville	KY	1805
Shands Hospital U. of Florida	Gainesville	FL	1005	National College of Business & Technology	Richmond	KY	1809
Southwest Florida College	Ft. Meyers	FL	1016	N. Kentucky Technical College	Edgewood	KY	1802
Suncoast Institute of Technology	Tampa	FL	1025	<b>Louisiana</b>			
Technical Career Institute	Miami Springs	FL	1026	Bossier Parish Community College	Bossier City	LA	1906
Westside Technical Center	Winter Garden	FL	1017	Bryman College	New Orleans	LA	1907
<b>Georgia</b>				Delgado Community College- City Park Campus	New Orleans	LA	1908
Albany Technical College	Albany	GA	1109	Kings Career College - Florida Blvd.	Baton Rouge	LA	1909
Augusta Technical College	Augusta	GA	1110	Kings Career College - Ocean Blvd.	Baton Rouge	LA	1910
Central Georgia Technical College	Macon	GA	1117	Louisiana State University	Alexandria	LA	1905
Columbia Fairview Park Hospital	Dublin	GA	1101	Our Lady of the Lake	Baton Rouge	LA	1901
East Central Technical College	Fitzgerald	GA	5230	Remington College	Baton Rouge	LA	1904
Emory University Hospital	Atlanta	GA	1102	Remington College	LaFayette	LA	1903
Georgia Medical Institute	Atlanta	GA	1111	Remington College	New Orleans	LA	1902
Heart of Georgia Technical College	Dublin	GA	1112	<b>Maryland</b>			
Continuing Education at Kennesaw State University	Kennesaw	GA	5221	Allegheny College	Cumberland	MD	2103
Lanier Technical Institute	Oakwood	GA	1105	Anne Arundel Community College	Arnold	MD	2107
Ogeechee Technical College	Statesboro	GA	1107	Baltimore City Community College	Baltimore	MD	2104
Okefenokee Technical College	Waycross	GA	1113	Carroll Community College	Westminister	MD	2106
Perimeter College	Clarkston	GA	1106	Community College of Baltimore County	Baltimore	MD	2105
Southwest Georgia Technical Center	Thomasville	GA	1114	Kaiser Permanente Mid Atlantic States TESST College of Technology	Rockville	MD	2101
Thomas Technical Institute	Thomasville	GA	1103	Baltimore Campus	Baltimore	MD	5231
Valdosta Technical College	Valdosta	GA	1104	U. of MD Medical System	Baltimore	MD	2102
West Georgia Technical College	La Grange	GA	1116	<b>Massachusetts</b>			
<b>Hawaii</b>				Health Training Center	Attleboro	MA	2202
Remington College	Honolulu	HI	1202	Health Training Center	Boston	MA	2203
Kapiolani Community College	Mililani	HI	1201	Health Training Center	Lowell	MA	2204
<b>Idaho</b>				Holyoke Community College	Holyoke	MA	2201
Academy of Professional Careers	Boise	ID	1304	<b>Michigan</b>			
American Institute of Health Technology - Liberty Road	Boise	ID	1301	Henry Ford Community College	Dearborn	MI	2301
American Institute of Health Technology	Boise	ID	1305	Henry Ford Hospital/ Wayne County Community College	Detroit	MI	2302
Idaho State University	Pocatello	ID	1302	Lansing Community College	Lansing	MI	2303
North Idaho College	Coeur d'Alene	ID	1303	Macomb Community College	Troy	MI	2306
<b>Illinois</b>				Oakland Community College	Southfield	MI	2304
Blessing Hospital	Quincy	IL	1411	Washtenaw Community College	Ann Arbor	MI	2305
Edgewater Medical Center	Chicago	IL	1406	<b>Minnesota</b>			
Harper College	Palatine	IL	1401	Century College	White Bear Lake	MN	2401
Information Technical Institute	Chicago	IL	1410	Duluth Business University	Duluth	MN	2402
Malcolm X College	Chicago	IL	1402	Fairview Pharmacy Services	St. Paul	MN	2405
MRxI Corporation	Lombard	IL	1408				
Pharmacy Technician School	Chicago	IL	1409				
Richland Community College	Decatur	IL	1407				
South Suburban College	South Holland	IL	1404				
University of Illinois Pharmacy	Chicago	IL	1405				
Wright College Humboldt Park	Chicago	IL	1403				
<b>Indiana</b>							
Clarian Health Partners	Indianapolis	IN	1501				
Indiana University South Bend	South Bend	IN	1502				

# School Codes

State/Program name	City	State	Code	State/Program name	City	State	Code
Mayo Medical Center	Rochester	MN	2407	Columbus State Community College	Columbus	OH	3607
Minnesota West	Worthington	MN	2408	Collins Career Center	Chesapeake	OH	3613
Northwest Technical College	E. Grand Forks	MN	2403	Cuyahoga Community College	Cleveland	OH	3601
Northwest Technical College	Wadena	MN	2404	Cuyahoga Community College	Highland Hills	OH	3608
Rochester Comm & Tech. College	Rochester	MN	2406	Fort Hayes Metro Education Center	Columbus	OH	3602
<b>Mississippi</b>				Mercy College of NW Ohio	Toledo	OH	3603
Jones County Junior College	Ellisville	MS	2501	Miami Valley Career Technology Center	Clayton	OH	3609
N. Mississippi Med. Center-Pharmacy	Tupelo	MS	2504	Northwestern College	Lima	OH	3604
University of MS Hospital & Clinics	Jackson	MS	2503	Professional Skills Center	Toledo	OH	3614
<b>Missouri</b>				Remington College Cleveland Campus	Cleveland	OH	3610
Allied Medical College	Arnold	MO	2604	Remington College - Cleveland West Campus	Cleveland	OH	3611
Allied Medical College	St. Louis	MO	2601	Sinclair Community College	Dayton	OH	3605
Midwest Intsitute for Medical Assistants	Earth City	MO	2606	Stark State College of Technolgy	Canton	OH	5218
St. Louis College of Health Careers - Butler Hill	St. Louis	MO	2602	<b>Oklahoma</b>			
St. Louis College of Health Careers - West Pine	St. Louis	MO	2605	Community Care College	Tulsa	OK	3701
Vatterott College	Kansas City	MO	2603	Platt College	Oklahoma City	OK	3703
<b>Montana</b>				Platt College	Tulsa	OK	3702
University of Montana- Missoula College of Technology	Missoula	MT	2701	<b>Oregon</b>			
<b>Nebraska</b>				Apollo College	Portland	OR	3803
Vatterott College - Deerfield	Omaha	NE	2801	Linn Benton Community College	Albany	OR	3801
<b>Nevada</b>				Southwestern Oregon Community College	Coos Bay	OR	3802
Heritage College	Las Vegas	NV	2901	Western Business College	Portland	OR	3804
<b>New Jersey</b>				<b>Pennsylvania</b>			
Essex County College - West Essex Campus	West Caldwell	NJ	5235	Bidwell Training Center, Inc.	Pittsburgh	PA	3901
Healthcare Training Institute	Union	NJ	3102	Community College of Allegheny County	McKeesport	PA	3902
Morris Country Vocation School	Denville	NJ	3103	Harcourt Learning Direct/ Thomson Education Direct	Scranton	PA	3909
Warren County Community College	Washington	NJ	3101	Harrisburg Area Community College	Lancaster	PA	3904
<b>New Mexico</b>				Lackawanna College	Hazleton	PA	3913
Eastern New Mexico University	Rosewell	NM	3201	Lehigh Carbon Community College	Schnecksville	PA	3912
Pima Medical Institute	Albuquerque	NM	3203	Luzerne County Community College	Naticoke	PA	3910
TVI Community College	Albuquerque	NM	3202	Mount Aloysius College	Cresson	PA	3908
<b>New York</b>				North Hills School of Health Occupations	Pittsburgh	PA	3905
Ava's Pharmacy Training Center	Jamaica	NY	3303	Pennco Tech	Bristol	PA	3911
Glen Falls Hospital Pharmacy	Queensbury	NY	3301	Thomas Jefferson Univ. Hospital	Philadelphia	PA	3903
Maryvale Community Education Center	Cheektowaga	NY	3302	Western School of Health & Business	Monroeville	PA	3906
Pharmacy Technician Enterprises, Inc.	Melville	NY	5233	Western School of Health & Business	Pittsburgh	PA	3907
Queens College	Flushing	NY	3304	<b>South Carolina</b>			
<b>North Carolina</b>				Greenville Tech College	Greenville	SC	4102
Blue Ridge Community College	Flat Rock	NC	3401	Midlands Tech. College	Columbia	SC	4101
Caldwell Community College	Hudson	NC	3402	Palmetto Richland Mem. Hospital	Columbia	SC	4105
Cape Fear Community College	Wilmington	NC	3403	Spartanburg Technical College	Spartanburg	SC	4104
Davidison County Community College	Lexington	NC	3404	Trident Technical College	Charleston	SC	4103
Durham Technical Community College	Durham	NC	3405	<b>South Dakota</b>			
Fayetteville Technical Community College	Fayetteville	NC	3406	W. Dakota Technical Institute	Rapid City	SD	4201
Southeastern Community College	Chadbourn	NC	3407	<b>Tennessee</b>			
<b>North Dakota</b>				Chattanooga State Technical Community College	Chattanooga	TN	4301
North Dakota State College of Science	Wahpeton	ND	3501	Concorde Career Institute	Memphis	TN	4302
<b>Ohio</b>				Draughons Junior College	Nashville	TN	4314
Cleveland Institute of Dental- Medical Assts.	Cleveland	OH	3612	Methodist Hospitals	Memphis	TN	4307
Cleveland Institute of Dental- Medical Assts.	Mentor	OH	3606	National College of Business & Technology	Nashville	TN	4313
				Regional Medical Center	Memphis	TN	4308
				Remington College	Memphis	TN	4312
				Remington College	Nashville	TN	4311
				Tennessee Technology Center	Jackson	TN	4310
				Tennessee Technology Center	Knoxville	TN	4303

# School Codes

State/Program name	City	State	Code	State/Program name	City	State	Code
Tennessee Technology Center	Memphis	TN	4304	Ogden-Weber Applied Technical College	Ogden	UT	4502
Tennessee Technology Center	Murfreesboro	TN	4309	Salt Lake Community College	Salt Lake City	UT	4501
Tennessee Technology Center	Nashville	TN	4305	Salt Lake/Tooele Applied			
Walters State Community College	Morristown	TN	4306	Technology College	West Valley City	UT	4503
<b>Texas</b>				<b>Virginia</b>			
Academy of Professional Careers	Amarillo	TX	4430	Applied Career Training	Arlington	VA	4707
Alvin Community College	Alvin	TX	4431	Blue Ridge Community College	Weyers Cave	VA	4705
Angelina College	Luskin	TX	4436	Fairfax Hospital	Falls Church	VA	4704
Army Med. Center & School	Fort Sam Houston	TX	4413	Hampton HU-Care	Portsmouth	VA	4716
Austin Community College	Austin	TX	4401	National College of Business & Technology	Bluesfield	VA	4708
Career Centers of Texas - Brownsville	Brownsville	TX	5228	National College of Business & Technology	Bristol	VA	4709
Career Centers of Texas - El Paso	El Paso	TX	4418	National College of Business & Technology	Charlottesville	VA	4710
Career Centers of Texas - Fort Worth Campus	Fort Worth	TX	5234	National College of Business & Technology	Danville	VA	4711
Cisco Junior College	Abilene	TX	4440	National College of Business & Technology	Harrisonburg	VA	4712
EES Allied Health Careers	Houston	TX	4402	National College of Business & Technology	Lynchburg	VA	4713
El Paso Community College	El Paso	TX	4403	National College of Business & Technology	Martinsville	VA	4714
High-Tech Institute	Irving	TX	5236	National College of Business & Technology	Salem	VA	4715
Houston Allied Health Careers	Houston	TX	4432	Naval School of Health Sciences	Portsmouth	VA	4701
Houston Community College	Houston	TX	4404	Northern Virginia Community College	Annandale	VA	4702
Lamar State College Orange	Orange	TX	4433	Pharm Techs R Us	Norfolk	VA	5222
Lamar University at Orange	Orange	TX	4405	Southwest Virginia Community College	Richlands	VA	4706
National Institute of Technology Greenspoint	Houston	TX	4434	<b>Washington</b>			
North Harris College	Houston	TX	5239	Apollo College	Spokane	WA	4814
North Texas Professional Career Institute	Dallas	TX	4417	Bryman College	Renton	WA	4812
Northwest Vista College	San Antonio	TX	4406	Clark College	Vancouver	WA	4801
Pharamatek Educational Program	Dallas	TX	4427	Clover Park Tech. College	Lakewood	WA	4809
Presbyterian Hospital of Dallas	Dallas	TX	4407	Edmonds Community College, Business & Tech Center	Everett	WA	4813
Remington College	Dallas	TX	4437	Eton Technical Institute	Everett	WA	4802
Remington College	Fort Worth	TX	4438	Eton Technical Institute	Federal Way	WA	4803
Remington College	Houston	TX	4439	Eton Technical Institute	Port Orchard	WA	4804
Richland College	Dallas	TX	4408	Grays Harbor Community College	Aberdeen	WA	4805
San Antonio College	San Antonio	TX	4409	North Seattle Community College	Seattle	WA	4806
San Antonio College of Medical & Dental Assistants	San Antonio	TX	4426	Pima Medical Institute	Seattle	WA	4815
San Antonio College of Medical & Dental Assistants - McAllen Branch	McAllen	TX	5232	Renton Community College	Renton	WA	4807
San Jacinto College - North	Houston	TX	4416	Spokane Community College	Spokane	WA	4810
San Jacinto College - South	Houston	TX	4428	St. Joseph Medical Center	Tacoma	WA	4808
Scott & White Hospital	Temple	TX	4410	Tacoma Community College	Tacoma	WA	4811
South Texas High School for Health Professions	Mercedes	TX	5223	<b>West Virginia</b>			
South Texas Vo-Tech	McAllen	TX	4421	National Institute of Technology - Charleston Campus	Cross Lanes	WV	4902
South Texas Vo-Tech	Weslaco	TX	4425	Carver Career & Technical Education Center	Charleston	WV	4901
Southern Careers Institute	San Antonio	TX	4441	<b>Wisconsin</b>			
Tarrant County Community College	Hurst	TX	4411	Capitol Healthcare Training Center	Milwaukee	WI	5240
Temple College	Temple	TX	4422	Lakeshore Technical College	Cleveland	WI	5001
Texas A&M	College Station	TX	4429	Madison Area Technical College	Madison	WI	5002
Tyler Junior College	Tyler	TX	4423	Milwaukee Area Tech College	Milwaukee	WI	5003
United Allied Health Careers	Houston	TX	4419	<b>Wyoming</b>			
University of Texas at Brownsville	Brownsville	TX	4424	Casper College	Casper	WY	5111
University of Texas Med. Branch	Galveston	TX	4414	Wyoming Medical Center	Casper	WY	5112
US Army Medical Center & School	Ft. Sam Houston	TX	4442	<b>Bahamas</b>			
Valley Grande Institute for Academic Studies	Weslaco	TX	4435	Success Training College	Nassau	Bahamas	5301
Wharton County Junior College	Wharton	TX	5229	<b>Puerto Rico</b>			
Weatherford College	Weatherford	TX	4420	Antilles School of Technology	Hato Rev	PR	5214
382nd Training Squadron	Shepherd AFB	TX	4415	Colegio Universitario Del Este	Carolina	PR	5213
<b>Utah</b>				Huertas Junior College	Caguas	PR	5212
American Institute of Medical - Dental Technology	Provo	UT	4505	National College of Business & Technology	Joa Alta	PR	5215
American Institute of Medical - Dental Technology	St. George	UT	4504	Ponce Paramedical College	Ponce	PR	5216

# Sample Questions

The following sample questions are illustrative of those found in the Pharmacy Technician Certification Examination.

1. How many mL of 3% acetic acid must be mixed with 15% acetic acid to give 2500 mL of 10% acetic acid?

1. 1042 mL
2. 2080 mL
3. 1458 mL
4. 2460 mL

2. To dispense an order calling for: prednisone 5 mg, one t.i.d. X 3 days; one b.i.d. X 3 days; one q.d. X 3 days, the total medication needed is:

1. 15 tablets.
2. 18 tablets.
3. 21 tablets.
4. 24 tablets.

3. A pharmacy receives a wholesaler invoice reading, "\$6,000, net 30." Under these payment terms, the pharmacy will be:

1. granted a discount of \$30 if the invoice is paid upon receipt.
2. charged no interest if the invoice is paid in full within 30 days.
3. charged no interest if 30% of the \$6,000 is paid immediately upon receipt of the invoice.
4. charged \$30 interest for each month that a balance remains due on the invoice.

4. A physician orders 125 mg/5 mL Dilantin suspension to replace an order reading, "Dilantin 100 mg, Dispense: #30, Sig: 1 t.i.d." What quantity of suspension should be dispensed?

1. 100 mL
2. 120 mL
3. 300 mL
4. 360 mL

5. Keto-Diastix is used to monitor which one of the following conditions?

1. Tuberculosis
2. Hepatitis
3. Colon Cancer
4. Diabetes

6. A common name for an inventory process that relies on pharmacy staff to write down items to be reordered is:

1. a formulary system.
2. a want list.
3. bar-coding.
4. bulk storage.

7. Before disposal, expired Schedule I and II controlled substances must be reported to the:

1. Drug Enforcement Administration.
2. American Pharmacists Association.
3. Food and Drug Administration.
4. State Board of Pharmacy.

8. The appearance of crystals in mannitol injection would indicate that the product:

1. was exposed to excessive cold.
2. has settled during shipping.
3. contains impurities and should be returned.
4. was formulated using sterile saline.

9. Persons handling Efudex cream should be informed that it:

1. can be used on open wounds.
2. can be applied liberally as needed.
3. must be applied using gloves.
4. is available over the counter.

10. Upon receipt of a phone call regarding accidental poison ingestion, the pharmacy technician may do all of the following **except**:

1. recommend contacting the emergency room.
2. ask the pharmacist to handle the call.
3. recommend contacting the regional/local poison control center.
4. recommend induction of vomiting.

11. A prescription order for an antibiotic preparation includes the directions, "ii gtt AU q.i.d." What auxiliary label should be affixed to the prescription order container?

1. Take with Meals.
2. For the Eye.
3. For Rectal Use.
4. For the Ear.

12. An example of a major drug-drug interaction would be:

1. warfarin-aspirin.
2. digoxin-diltiazem.
3. penicillin-cephalexin.
4. hydrocodone-codeine.

13. Heparin 25,000 Units in 250 mL D<sub>5</sub>W is running through an administration set delivering 60 drops/mL. The flow rate required to deliver a heparin dose of 15 Units/min is:

1. 0.9 drops/min
2. 6.0 drops/min
3. 9.0 drops/min
4. 90.0 drops/min

14. What is the generic name for Compazine?

1. Promethazine
2. Prochlorperazine
3. Procainamide
4. Propranolol

**Visit PTCB's website  
at [www.ptcb.org](http://www.ptcb.org)  
to take the  
practice exam.**

8...1	1...1
7...1	2...2
6...2	3...2
5...4	4...2
4...2	5...4
3...2	6...2
2...2	7...1
1...1	8...1
<b>Answers:</b>	

# Request Form for New Certificate and/or Name & Address Change

---

With this form you may request a change in personal information (name and/or address change), a duplicate score report, or a duplicate PTCB certificate. Please read the information to the right of each box and then check all boxes that apply to your request.

**Replace Undelivered Score Report and Certificate**

If you have not received your original score report and certificate within 60 days of the examination, please check the box at the left, fill in your name and address below, and a duplicate score report and certificate will be sent to you. If you have delayed notifying PES of the missing score report and certificate for more than 70 days past the examination date, there is a \$15 processing fee.

**Replace Damaged/Incorrect Certificate**

If your original PTCB Certificate was damaged in transit or your name is different than it appeared on your application, check the box at the left, fill in your name and address below, and you will receive a duplicate certificate at no charge. You must return the damaged certificate and/or send a letter verifying the correct spelling of your name to PES to receive the duplicate. If the mistake was yours on the original application, a replacement certificate may be obtained for a \$15 processing fee.

**Order New/Additional Certificate**

If you have changed your name or lost your certificate, please check the box at the left and fill in your new information in the space provided at the bottom of this form. Name changes require appropriate documentation, such as a copy of marriage certificate, divorce decree, etc. Do not send originals as they cannot be returned. Send this completed form along with documentation, \$15 processing fee (certified check, corporate check, or money order) per certificate to PES at the address listed below.

**Information Change Only**

If you wish to notify PES of a name or address change **before** your exam date, check the box at the left and fill in your new information in the space provided below. There is no fee; however, name changes require appropriate documentation, such as a copy of marriage certificate, divorce decree, etc. Do not send originals as they cannot be returned. **After you are certified**, notify PTCB of all name and address changes. Send to PTCB, 2215 Constitution Avenue, NW, Washington, DC 20037, or via e-mail to [www.ptcb.org](http://www.ptcb.org).

**Request New PTCB Certification Number**

Current Name: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Certification #: \_\_\_\_\_

Certification Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: Professional Examination Service  
c/o PTCB (701), Program Assistant  
475 Riverside Drive  
New York City, NY 10115  
or **Fax to: (212) 367-4266**

**Remember: No Personal Checks Are Accepted.**

Make payment payable to PES in U.S. Funds.

# Request for Handscoring of Answer Sheet

---

**Do not submit this form until after you have received your score report.**

**Directions:**

You may use this form to ask PES to handscore your answer sheet. This request must be received with the appropriate fees and information no later than 90 days after the test date. Please print or type all information on this form. Be sure to provide all information and include correct fees or the request will be returned. Handscoring results are final. You will be notified of any change in your score.

**Fee:**

\$50. Please enclose a certified check or money order made payable in U.S. dollars to Professional Examination Service. Do not send cash or a personal check.

**Send To: Professional Examination Service  
c/o PTCB (701) Testing Office  
475 Riverside Drive  
New York City, NY 10115**

**Please complete the following with your current name and address:**

Amount enclosed for handscoring of answer sheet \$ \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel.: ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Exam Date: \_\_\_\_\_  
(Month & Year)

If the information above is different from what you provided on your application for the examination, please tell us below what you put on your application:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel.: ( \_\_\_\_\_ ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Exam Date: \_\_\_\_\_  
(Month & Year)

I hereby request PES to handscore my answer sheet.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No Personal Checks Accepted.**





# Pharmacy Technician Certification Board

## RECERTIFICATION REQUIREMENTS AND GUIDELINES

### for Certified Pharmacy Technicians

#### Summary of Recertification Process

- PTCB certification must be renewed every 2 years. A recertification application packet will be sent to you approximately 60 days before your certification expiration date. Be sure to keep your address information current with PTCB.
- 20 hours of continuing education are required for recertification; 1 hour must be in pharmacy law. A maximum of 10 hours may be earned by completing in-service projects using the PTCB Universal Continuing Education Form.
- All continuing education must be earned within the two-year certification period.
- CPhTs are given 90 days to submit completed recertification applications after their expiration date. This 90-day late fee period is only for sending in required paperwork. Continuing education hours may NOT be earned during this period.
- The **paper** application recertification fee is \$50. An additional late fee of \$15 (for a total of \$65) is required for those applications submitted during the 90-day late fee period. A \$10 reprocessing fee applies to returned applications. The **online** application fee is \$35. An additional late fee of \$15 is required for those applications submitted online during the 90 day-late fee period. A \$10 reprocessing fee applies to returned applications.

#### Steps to Recertification

Recertification (renewal of your PTCB certification) is required every two years.

- Step 1 Complete 20 hours of continuing education during your two-year certification period; 1 hour must be in pharmacy law. Maintain your own records of continuing education during your two-year certification period. Do not send them to PTCB unless requested.
- Step 2 Complete the paper application, remembering to sign the application and submit the \$50 recertification fee (or apply on-line for recertification by going to [www.ptcb.org](http://www.ptcb.org))
- Step 3 Mail the completed recertification application and fee prior to the postmark deadline. If the postmark date is after your recertification date but before the 90-day late fee period deadline, you must also include a \$15 late fee.
- Step 4 Once PTCB has received your recertification materials and approved your application, you will receive a new PTCB certificate and wallet card in approximately 60 to 90 days. If your application is returned for corrections, you will need to make the required changes, provide copies of the requested continuing education Certificates of Participation and submit the required fees; this will delay the recertification process.
- Step 5 If you are audited, you will need to submit copies of all of your continuing education Certificates of Participation along with your completed Audit application and \$35 application fee. If your postmark date is after your recertification date but before the 90-day late fee deadline, you must also include a \$15 late fee for Audit applications. Audit candidates may not recertify online.
- Step 6 Keep copies of your continuing education Certificates of Participation for at least 1 year after your certification expiration date.

#### Online Recertification

You may complete the recertification application online at the PTCB website, [www.ptcb.org](http://www.ptcb.org). This online application provides immediate confirmation of application receipt for recertification candidates! When completing your online application you will be able to submit payment via credit card or e-check. Paper applications are not offered the option of paying by credit card at this time. Candidates randomly selected as audits must complete a paper application and submit copies of their continuing education certificates of participation.

#### Recertification Fees

Recertification fees for paper applications can be made payable to “PTCB” in the amount of \$50 in the form of a check or money order and must be included with your application. Completion of an online application requires payment of \$35 with a credit card or e-check. Any recertification applications received after the postmark deadline must include an additional late fee of \$15. Payments returned for insufficient funds after your application is processed will result in the deactivation of your certification. The required recertification fee plus a \$25 administrative fee must be received by the PTCB within 30 days of the insufficient funds notice to reactivate your certification.

Recertification Postmark Deadline ( \$50-paper; \$35-online)	90-day Late Fee Postmark Deadline ( \$65-paper; \$50 online)
March 31	June 30
July 30	October 31
November 30	February 28

## Audits

A certain number of CPhTs will be chosen at random for an audit of continuing education. If you are audited, list all continuing education hours on the audit application AND send photocopies of the continuing education Certificates of Participation and/or the PTCB Universal Continuing Education Form(s) with the \$35 Audit application fee (\$15 late fee should be applied to those applications submitted during the 90-day late fee period). We recommend that you keep documentation of your continuing education for at least 1 year beyond your certification expiration date. CPhTs may be audited at any time at the discretion of PTCB. Audit candidates are required to complete a paper application.

## Returned Recertification Applications

PTCB will return applications not completed correctly. Please read all directions carefully. We also suggest that you send the completed application well in advance of the postmark deadline in order to allow time for the application to be returned if an error was made in completing the application. There are no exceptions or extensions to the postmark deadlines.

- When resubmitting a corrected recertification application, you will be required to submit copies of your Certificates of Participation and/or copies of your completed PTCB Universal Continuing Education Form for the CE(s) in question and the required \$10 reprocessing fee. If you do not respond to a returned application within the stated time frame your application fees will be forfeited.
- Failure to successfully complete the recertification requirements will result in the loss of PTCB certification.
- Any refunds for overpayment of fees is subject to a \$15 processing fee.
- You may NOT correct a returned recertification application online or by fax.

## Continuing Education

Complete 20 hours of continuing education within your two-year certification period; 1 hour must be in pharmacy law. All continuing education programs must be credited during your two-year certification period. PTCB will accept expired CE's as long as they were earned within your two year certification period.

- Additional hours can not be carried over to the next recertification date.
- Accreditation Council for Pharmaceutical Education (ACPE) accreditation of the program provider is not mandatory for attended programs for pharmacy technicians to receive continuing education credit. ACPE is not a CE program provider.
- A maximum 10 hours may be earned at your workplace by completing in-service projects under the direct supervision of your pharmacist(s) using the PTCB Universal Continuing Education form.
- A maximum of 15 hours may be earned by completing a college course (in science or math) with a grade of "C" or better.
- CPhT's are NOT required to obtain "live" CE's.

## In-Service Projects/ PTCB Universal Continuing Education Form

In-service projects are not the same as working your regular duties. CPhTs should make arrangements with their supervising pharmacist for the completion of specially assigned in-service projects or training.

- Examples of in-service projects include inventory control, IV admixtures, videos, self-study articles from professional pharmacy journals, etc. The projects should be selected with the CPhT's individual needs in mind.
- The supervising pharmacist must complete and sign the PTCB Universal Continuing Education Form for in-service projects.
- The PTCB Universal Continuing Education Form should not be completed for those courses that issue a Certificate of Participation.
- Each time the PTCB Universal Continuing Education Form is used, the program is considered an in-service project.
- When using the PTCB Universal Continuing Education Form, list the company or Pharmacy name NOT the name of the supervising pharmacist as the program provider/sponsor on the recertification application.

## Acceptable Continuing Education Subject Matter

You must earn your continuing education hours in pharmacy-related subject matter. PTCB reserves the right to reject CE's not deemed applicable to pharmacy technician practice. Examples of appropriate programs for CPhTs may pertain to the following topics:

- Medication distribution & inventory control systems
- Calculations
- Programs specific to pharmacy technicians
- Organizational skills
- Pharmacy law\*
- Pharmacy operations
- Interpersonal skills
- Pharmacology/drug therapy

\*At least one hour in pharmacy law is required.

## Acceptable Documentation for Continuing Education Hours

**Certificates of Participation must include the following information:**

- Name of participant
- Title and date of program
- Program sponsor or provider (company or organization name)
- Number of hours awarded
- Dated signature of provider representative\*

\*Please note if the date of the program is not printed on the certificate, the dated signature will be used as the date the continuing education hour(s) was earned.

## Locating Continuing Education

- Pharmacy professional organizations
  - National pharmacy organizations such as American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Association of Pharmacy Technicians (AAPT), etc.
  - State pharmacy organizations such as Illinois Council of Health-System Pharmacists (ICHSP), Michigan Pharmacists Association (MPA), etc.
  - Local chapter affiliates of state pharmacy organizations.
- Pharmaceutical industry
- Colleges of pharmacy
- Pharmacy technician training programs
- Universities, colleges, community colleges
- Employers
- Internet



Visit PTCB's web site at [www.ptcb.org](http://www.ptcb.org) for free CE's and links to some CE providers.

## Types/Categories of Continuing Education Available

### Lecture/Workshop Programs

This type of program may be a live presentation, teleconference, in-service, videotape, panel discussion, workshop, etc. Speakers/Educators may include pharmacists, CPhTs, health care personnel (physicians, nurses, respiratory therapists, etc.), and pharmaceutical industry representatives. If you do not receive a Certificate of Participation for the program, your supervising pharmacist may complete the Universal Continuing Education Form for you to receive credit. Note: if the PTCB Universal Continuing Education Form is used, only a maximum of 10 hours are allowed.

### **Credit hour allocation for lecture programs**

- You will receive credit for the same number of hours as the number of lecture hours attended (or the number of hours approved for attendees). The minimum unit of credit that may be awarded for any single lecture program is 1 hour.
- ACPE accreditation of the program provider is not mandatory for attended programs for CPhTs to receive continuing education credit.

### Home study/Self-study Programs

CPhTs may complete pharmacy journal articles; audio and videocassette tape study programs; computer-assisted instruction; web site (internet) courses; and correspondence courses.

### **Credit hour allocation for self-study programs**

- The minimum unit of credit awarded for any single program is 1 hour.
- ACPE accreditation of the program provider is not mandatory for credit to be awarded to CPhTs.
- If you do not receive a Certificate of Participation for a course, your supervising pharmacist may complete the PTCB Universal Continuing Education Form for you to receive credit. A minimum score of 70% must be earned on related quizzes.

### College Courses

To receive continuing education for a college course, you must complete a course for credit with a grade of "C" or better. As a general guideline, the following categories of course work are eligible for continuing education credit:

- Courses in a pharmacy technician training program such as those offered by a community college.
- Any course in mathematics or calculations.
- A life science course relating to pharmacy, e.g., biology, chemistry, physics, etc.
- Any course in the pharmaceutical sciences.

Other course work may be approved on a case-by-case basis by writing a letter to the PTCB and including a syllabus for the course. PTCB will assess the relevance of the course to the work of CPhTs and notify you of its decision.

### **Credit hour allocation for college courses**

- PTCB will accept 1 college course for 15 hours per two-year certification period, the remaining 5 CE hours must be from another provider.
- A grade report (or transcript) will be considered as the Certificate of Participation if audited.
- Technicians may use CE's and college courses for pharmacists.

## Name Change

PTCB must be notified of name change\*. Send your full name and Certification Number or Social Security Number to PTCB • 2215 Constitution Avenue, NW • Washington, DC 20037, Or Fax: 202-429-7596

\*Changes in name must be accompanied by appropriate documentation (copy of marriage license, divorce decree, etc.).  
**Address Change:** Please visit the PTCB website at [www.PTCB.org](http://www.PTCB.org) to complete an address change.

## FREQUENTLY ASKED RECERTIFICATION QUESTIONS

### **Can I apply for recertification via the internet?**

Yes! PTCB is excited to offer CPhTs the ability to complete the recertification process via the internet for \$35 during their recertification period. This online application provides immediate confirmation! The application is available on PTCB's web site ([www.ptcb.org](http://www.ptcb.org)). Recertifying online reduces the time it takes to receive your new certificate by up to 4 weeks and allows you to print a confirmation that your application has been submitted for your workplace. When completing your online application you will be required to submit payment via credit card or e-check. Randomly selected audit candidates are required to submit an audit paper application with copies of their continuing education Certificates of Participation. The fee for audit candidates is \$35.

### **What is the recertification process?**

Renewal of your certification is required every two years. During your two-year certification period, you need to earn twenty hours of pharmacy-related continuing education hours; one of the twenty hours must be in pharmacy law.

### **What happens if I do not recertify?**

If you do not recertify, you will no longer be a Certified Pharmacy Technician and you will not be able to use the "CPhT" designation after your name. To recertify, you must complete the required number of continuing education hours by your expiration date and submit your completed recertification application by the postmark deadline.

### **Do I mail my Certificates of Participation to PTCB?**

No, CPhTs are responsible for maintaining their own continuing education records. PTCB will only request copies of your Certificates of Participation and/or completed PTCB Universal Continuing Education Forms if you are audited or if we have questions regarding your application. You should keep copies of your continuing education documentation for at least one year after your recertification date.

### **What is The Accreditation Council for Pharmaceutical Education (ACPE)?**

The Accreditation Council for Pharmaceutical Education (ACPE) accredits continuing education program providers. ACPE does not provide continuing education programs. Lecture, workshop and home study programs are not required to hold ACPE accreditation for a technician to receive continuing education credits.

### **Can I use a college course towards my recertification continuing education requirements?**

Yes, PTCB accepts college courses completed with a grade of "C" or better to be used towards your recertification. PTCB will accept courses in mathematics or calculations, biology, chemistry, or any course in pharmaceutical sciences. One college course is equal to 15 continuing education hours. You may only use one college course per two-year certification period, for a total of 15 CE hours. The remaining 5 CE hours must be from another provider.

### **What if my recertification application is returned?**

PTCB will include a letter outlining the problem with your application. Your application must be corrected and returned with a \$10.00 reprocessing fee and copies of the requested Certificates of Participation. All returned applications must be returned to PTCB within 30 days of the date on the return letter.

### **How do I enter my In-service projects (or CE's using the Universal Continuing Educations Form) on the recertification application?**

When completing the recertification application, the question in the last column asks if you have used the PTCB Universal Continuing Education Form. Answer "yes" if you completed the form and your supervising pharmacist has signed it. The form should be completed if an in-service project was developed between you and your supervising pharmacist or if you completed a continuing education program and were not provided a certificate of participation by the program sponsor. List the company or Pharmacy name NOT the name of the supervising pharmacist as the program provider/sponsor for you in-service CE(s). Answer "no" if you received a Certificate of Participation from the continuing education provider. Remember the form should not be completed if you received a Certificate of Participation.

### **What are some examples of an in-service project for continuing education?**

You may earn up to ten hours towards your recertification through in-service projects. The supervising pharmacist and the CPhT should develop the project together. These projects should be relevant to the present and/or future duties of the technician. Examples include overhauling the inventory process (a monthly inventory check would not qualify), review of pharmacy-related articles, and training on a new computer system. Note: regular job functions will not be accepted.

### **What happens if I do not complete my 20 hours of continuing education by my expiration date or fail to submit my application by the 90 day deadline?**

If you did not complete all 20 hours of continuing education by your expiration date and/or failed to submit a recertification application by the 90-day deadline, you must then reinstate to maintain your CPhT status. During the reinstatement period the CPhTs status is deactivated until processing of the reinstatement application is completed. If certification has lapsed for more than one year, candidates must retake and pass the Pharmacy Technician Certification Exam to regain certification.

For additional information visit the PTCB web site ([www.ptcb.org](http://www.ptcb.org)).



**Pharmacy Technician Certification Board, Inc.**  
Phone (202) 429-7576 Fax (202) 429-7596 [www.ptcb.org](http://www.ptcb.org)

# RECERTIFICATION APPLICATION

**PLEASE PROVIDE CURRENT, ACCURATE INFORMATION.**

**Complete the online application at [www.ptcb.org](http://www.ptcb.org)**

Check here if this is a new address

- Mr.  
 Mrs.  
 Ms.

Name: \_\_\_\_\_ Previous Name(s) Used: \_\_\_\_\_

First Middle Last

Name changes require appropriate documentation (copy of marriage certificate, divorce decree, etc.)

Address: \_\_\_\_\_  
Street City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

PTCB Certification Number: \_\_\_\_\_ PTCB Original Certification Date: \_\_\_\_\_  
(Date passed exam) Month/Year

Social Security Number: \_\_\_\_\_ PTCB Recertification Date: \_\_\_\_\_  
(Expiration) Month/Year

## Recertification Survey

All responses are strictly confidential.

- Which one of the following best describes your primary work environment? (Circle one)
  - Community – Independent
  - Community – Chain
  - Hospital-University/University-Affiliated
  - Hospital – Other
  - Home Health Care
  - Long-term Care
  - Mail Service Facility
  - Managed Health Care
  - Educational/Vocational Training
  - Pharmaceutical Industry
  - Military
  - Other \_\_\_\_\_
- Does your employer recognize Certified Pharmacy Technicians with higher pay rates? (Circle one)
  - Yes
  - No
  - I don't know
- What is the name of your employer? (Circle one)

a. Albertsons	m. Happy Harry's
b. CVS/pharmacy	n. Kerr Drug
c. Eckerd	o. King Soopers
d. Kaiser Permanente	p. Longs
e. Kmart	q. Medicine Shoppe
f. Krogers	r. Neighbor Care
g. Cardinal Health	s. Safeway
h. Rite Aid	t. Target
i. Walgreens	u. Wal-Mart
k. Brooks	v. Other, not listed
l. Giant	w. Winn Dixie
- In total, how long have you worked full- and/or part-time as a pharmacy technician? (Circle one)
  - Less than 6 months
  - 6 months - 1 year
  - 2 - 3 years
  - 4 - 5 years
  - 6 - 10 years
  - 11 - 20 years
  - More than 21 years
- What is your current role in your practice setting?
  - Lead Tech
  - Pharmacy Tech
  - Store Mgr. or Asst. Mgr.
  - Pharmacy Student
  - Tech in Training
  - Clinical Technician
  - IV Technician
  - Other
- What was the main reason for becoming certified?
  - Increase in income
  - Improved job security
  - Improved ability to gain employment
  - Improved feeling of self-worth
  - Increased acceptance by pharmacists
- Which of the following have you noticed most in your experience as a CPhT?
  - Improved feeling of self-worth
  - Increased work responsibilities
  - Greater acceptance by pharmacists
  - Improved competence
  - Improved ability to gain employment
  - Enhanced job security / income
- How would you rate your overall satisfaction with the PTCB recertification process (on a scale of 1-10 with 10 being the best):
  - 9-10
  - 7-8
  - 5-6
  - 3-4
  - 1-2

Send the completed application and payment in the enclosed envelope to:  
**Pharmacy Technician Certification Board, P.O. Box 75430, Baltimore, MD 21275**

# RECERTIFICATION APPLICATION

## List of Completed Continuing Education

List your completed continuing education programs. You must complete each section. If more space is needed, make a copy or attach a separate sheet detailing the same information. Returned applications will require a \$10.00 reprocessing fee and copies of the requested Certificates of Participation. PTCB reserves the right to reject CE's not deemed applicable for pharmacy technicians practice.

Please print or type.

Date Credited (Month/Day/Year)	Program Title (Full Name of Program); Do not provide program number Indicate each pharmacy law course with an asterisk (*)	Program Provider (Company or Organization Name) No Acronyms ACPE is not a program provider	Hours Awarded	In-Service Project using the PTCB Universal Continuing Education Form? (Yes or No)
Ex. 2-15-2005	Legal Issues in Diabetes Management *	Tech Topics	1	No

**Total Credit Hours:** \_\_\_\_\_

I have read and understand the information provided on the PTCB recertification application form. Under penalty of perjury, I declare the foregoing statements and those in any required accompanying documentation are true. I also maintain that I have not been convicted of a felony. Note: A felony conviction is not an absolute bar to apply for recertification. Each case will be evaluated individually. If this applies to you, please enclose a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction by the recertification expiration date. (Those convicted of drug or pharmacy-related felonies are not eligible to recertify). I declare that I am a PTCB Certified Pharmacy Technician (CPhT). By signing and submitting this application, I accept the terms and conditions of the PTCB recertification program including the right of PTCB to confirm to any individual or organization whether or not I am currently certified.

CPhT's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ PTCB Certification Number \_\_\_\_\_

*Your signature is required or your application will be returned to you unprocessed and will require an additional fee.*

# AUDIT RECERTIFICATION APPLICATION

**PLEASE PROVIDE CURRENT, ACCURATE INFORMATION.**

**Complete the online application at [www.ptcb.org](http://www.ptcb.org)**

Check here if this is a new address

- Mr.  
 Mrs.  
 Ms.

Name: \_\_\_\_\_ Previous Name(s) Used: \_\_\_\_\_

First Middle Last

Name changes require appropriate documentation (copy of marriage certificate, divorce decree, etc.)

Address: \_\_\_\_\_  
Street City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

PTCB Certification Number: \_\_\_\_\_ PTCB Original Certification Date: \_\_\_\_\_  
(Date passed exam) Month/Year

Social Security Number: \_\_\_\_\_ PTCB Recertification Date: \_\_\_\_\_  
(Expiration) Month/Year

## Recertification Survey -

All responses are strictly confidential.

- Which one of the following best describes your primary work environment? (Circle one)
  - Community – Independent
  - Community – Chain
  - Hospital-University/University-Affiliated
  - Hospital – Other
  - Home Health Care
  - Long-term Care
  - Mail Service Facility
  - Managed Health Care
  - Educational/Vocational Training
  - Pharmaceutical Industry
  - Military
  - Other \_\_\_\_\_
- Does your employer recognize Certified Pharmacy Technicians with higher pay rates? (Circle one)
  - Yes
  - No
  - I don't know
- What is the name of your employer? (Circle one)

a. Albertsons	m. Happy Harry's
b. CVS/pharmacy	n. Kerr Drug
c. Eckerd	o. King Soopers
d. Kaiser Permanente	p. Longs
e. Kmart	q. Medicine Shoppe
f. Krogers	r. Neighbor Care
g. Cardinal Health	s. Safeway
h. Rite Aid	t. Target
i. Walgreens	u. Wal-Mart
k. Brooks	v. Other, not listed
l. Giant	w. Winn Dixie
- In total, how long have you worked full- and/or part-time as a pharmacy technician? (Circle one)

a. Less than 6 months	e. 6 - 10 years
b. 6 months - 1 year	f. 11 - 20 years
c. 2 - 3 years	g. More than 21 years
d. 4 - 5 years	
- What is your current role in your practice setting?

a. Lead Tech	e. Tech in Training
b. Pharmacy Tech	f. Clinical Technician
c. Store Mgr. or Asst. Mgr.	g. IV Technician
d. Pharmacy Student	h. Other
- What was the main reason for becoming certified?
  - Increase in income
  - Improved job security
  - Improved ability to gain employment
  - Improved feeling of self-worth
  - Increased acceptance by pharmacists
- Which of the following have you noticed most in your experience as a CPhT?
  - Improved feeling of self-worth
  - Increased work responsibilities
  - Greater acceptance by pharmacists
  - Improved competence
  - Improved ability to gain employment
  - Enhanced job security / income
- How would you rate your overall satisfaction with the PTCB recertification process (on a scale of 1-10 with 10 being the best):

a. 9-10	b. 7-8	c. 5-6	d. 3-4	e. 1-2
---------	--------	--------	--------	--------

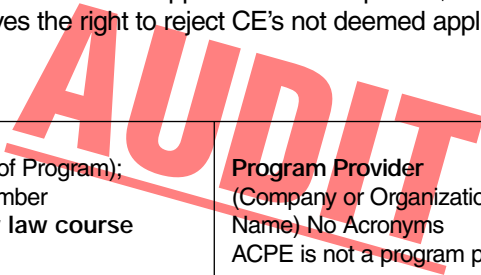
Send the completed application and payment in the enclosed envelope to:  
**Pharmacy Technician Certification Board, P.O. Box 75430, Baltimore, MD 21275**

# AUDIT RECERTIFICATION APPLICATION

## List of Completed Continuing Education

List your completed continuing education programs. You must complete each section. If more space is needed, make a copy or attach a separate sheet detailing the same information. Returned applications will require a \$10.00 reprocessing fee and copies of the requested Certificates of Participation. PTCB reserves the right to reject CE's not deemed applicable for pharmacy technicians practice.

Please print or type.



Date Credited (Month/Day/Year)	Program Title (Full Name of Program); Do not provide program number Indicate each pharmacy law course with an asterisk (*)	Program Provider (Company or Organization Name) No Acronyms ACPE is not a program provider	Hours Awarded	In-Service Project using the PTCB Universal Continuing Education Form? (Yes or N)
Ex. 2-15-2005	Legal Issues in Diabetes Management *	Tech Topics	1	No

Total Credit Hours:

I have read and understand the information provided on the PTCB recertification application form. Under penalty of perjury, I declare the foregoing statements and those in any required accompanying documentation are true. I also maintain that I have not been convicted of a felony. Note: A felony conviction is not an absolute bar to apply for recertification. Each case will be evaluated individually. If this applies to you, please enclose a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction by the recertification expiration date. (Those convicted of drug or pharmacy-related felonies are not eligible to recertify). I declare that I am a PTCB Certified Pharmacy Technician (CPHT). By signing and submitting this application, I accept the terms and conditions of the PTCB recertification program including the right of PTCB to confirm to any individual or organization whether or not I am currently certified.

CPHT's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ PTCB Certification Number \_\_\_\_\_

*Your signature is required or your application will be returned to you unprocessed and will require an additional fee.*



# Pharmacy Technician Certification Board Universal Continuing Education Form

(for In-Service Projects)

**Please note that if the continuing education sponsor provides a Certificate of Participation this form should not be completed.** CPhTs may submit up to 10 hours of continuing education earned in the practice site for recertification by using this form. These 10 in-service hours may not be earned by working 10 hours at the technician's regular duties. To earn these hours, the supervising pharmacist may arrange selected in-service projects or training (including self-study articles from professional pharmacy journals) for the technician. **The supervising pharmacist completes and signs this Universal Continuing Education Form to verify completion of the project.**

## Instructions

1. The supervising pharmacist must complete and sign this form.
2. Complete all information. Please type or use a black pen so copies are legible.
3. The summary should describe how the project relates to the work of the CPhT.
4. Each project must have at least two learning objectives listed.
5. One form must be completed for each CPhT and for each project.
6. This form may be photocopied but must have an original signature of the pharmacist.
7. Direct all inquiries regarding the use of this form to the Pharmacy Technician Certification Board, 2215 Constitution Avenue, NW, Washington, DC 20037; [www.ptcb.org](http://www.ptcb.org).
8. Do not send this form to PTCB unless otherwise directed.

PLEASE PRINT OR TYPE.

**Title of Project, Training Program, etc.:** \_\_\_\_\_

**Source of Project:** \_\_\_\_\_

**Summary:** \_\_\_\_\_

\_\_\_\_\_

## Learning Objectives

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

CPhT Name: \_\_\_\_\_ Certification #: \_\_\_\_\_

Date of Program Completion: \_\_\_\_\_ Hours: \_\_\_\_\_

Pharmacist Name: \_\_\_\_\_ Licensed: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (State)

Employer/Company Name: \_\_\_\_\_

**(The employer/company name should be listed on the application as the program provider)**



## Pharmacy Technician Certification Board

### REINSTATEMENT REQUIREMENTS AND GUIDELINES

#### for Certified Pharmacy Technicians

Certified Pharmacy Technicians (CPhTs) are required to renew their PTCB certification every two years, through the recertification process. Since you did not complete the recertification process, you are no longer a CPhT. As a former CPhT, you are eligible to complete the reinstatement process and regain your CPhT status. Eligible candidates have 1 year from their expiration date to complete 20 hours of continuing education (2 hours must be in pharmacy law) and submit the completed reinstatement application with the \$115.00 fee. The reinstatement application is only to be used by those who are seeking reinstatement. Before completing the application, please take the time to review the information provided in this document carefully.

### Steps to Reinstate your PTCB Certification

- Step 1 Complete 20 hours of continuing education; 2 hours must be in pharmacy law. All of your continuing education must have been completed a) during your two-year certification period and/or b) up until your reinstatement deadline.
- Step 2 Complete the reinstatement application, remembering to sign the application and submit the reinstatement fee. Do not send your continuing education documentation to PTCB unless requested.
- Step 3 Mail the completed reinstatement application & fee prior to the postmark deadline. If the postmark date is after your reinstatement application deadline, PTCB will not accept your application.
- Step 4 Once PTCB has received your reinstatement materials and approved your application, you will receive a new PTCB certificate and wallet card in approximately 60 to 90 days. If your application is returned for corrections, you will need to make the required changes, provide copies of the requested Certificates of Participation and submit the required fees; this will delay the reinstatement process.
- Step 5 If you do not complete the reinstatement process, you will need to sit and successfully pass the national Pharmacy Technician Certification Examination in order to become a CPhT again.
- Step 6 Keep copies of your continuing education for at least 1 year after your certification expiration date.

#### To become reinstated, you must meet the following criteria:

- Loss of PTCB certification due to any reason other than revocation. Candidates whose certification has been revoked are not eligible to apply.
- You are within one calendar year of your last recertification date.
- Maintain that you have never been convicted of a felony. A felony conviction is not an absolute bar to apply for recertification/reinstatement. Each case will be evaluated individually. If this applies to you, please submit a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction by the recertification expiration deadline. Those convicted of drug or pharmacy related felonies are NOT eligible to recertify/reinstate.

### Reinstatement Fees

The reinstatement fee is \$115.00 made payable to the “Pharmacy Technician Certification Board” or “PTCB” in U.S. funds by check or money order. A \$10 reprocessing fee applies to returned applications. Payments returned for insufficient funds after application is processed will result in the deactivation of your certification. The required reinstatement fee plus a \$25 administrative fee must be received by the PTCB within 30 days of the insufficient funds notice to reactivate your certification.

Expiration Date	Number of Continuing Education Hours Needed	Reinstatement Application Postmark Deadline
March 31, 2004	20 Hours including 2 hours of pharmacy law	March 31, 2005
July 31, 2004	20 Hours including 2 hours of pharmacy law	July 31, 2005
November 30, 2004	20 Hours including 2 hours of pharmacy law	November 30, 2005

## Reinstatement Deadlines

Completed reinstatement applications are due within 1 year of your expiration date. There are no extensions or exceptions to printed deadlines. Complete and submit your application as soon as possible.

## Returned Reinstatement Applications

PTCB will return applications not completed correctly. Please read all directions carefully. We also suggest that you send the completed application well in advance of the postmark deadline in order to allow time for the application to be returned if an error was made in completing the application. There are no exceptions or extensions to the postmark deadlines.

- When resubmitting a corrected reinstatement application, you will be required to submit copies of your Certificates of Participation and/or copies of your completed PTCB Universal Continuing Education Form for the CE(s) in question and the required \$10 reprocessing fee. If you do not respond to a returned application within the stated time frame your application fees will be forfeited.
- Failure to successfully complete the reinstatement requirements will result in the loss of PTCB certification.
- Any refunds for overpayment of fees is subject to a \$15 processing fee.
- You may NOT correct a returned reinstatement application online or by fax.

## Continuing Education

Complete 20 hours of continuing education within your two-year certification period or by your reinstatement deadline; 2 hours must be in pharmacy law. All continuing education programs must be credited during your two-year certification period and/or by your reinstatement deadline. PTCB will accept expired CE's as long as they were earned within your two year certification period.

- Accreditation Council for Pharmaceutical Education (ACPE) accreditation of the program provider is not mandatory for attended programs for pharmacy technicians to receive continuing education credit. ACPE is not a CE program provider.
- A maximum 10 hours may be earned at your workplace by completing in-service projects under the direct supervision of your pharmacist(s) using the PTCB Universal Continuing Education form.
- A maximum of 15 hours may be earned by completing a college course (in science or math) with a grade of "C" or better.
- CPhT's are NOT required to obtain "live" CE's.

## In-Service Projects/ PTCB Universal Continuing Education Form

In-service projects are not the same as working your regular duties. CPhT's should make arrangements with their supervising pharmacist for the completion of specially assigned in-service projects or training.

- Examples of in-service projects include inventory control, IV admixtures, videos, self-study articles from professional pharmacy journals, etc. The projects should be selected with the CPhT's individual needs in mind.
- The supervising pharmacist must complete and sign the PTCB Universal Continuing Education Form for in-service projects.
- The PTCB Universal Continuing Education Form should not be completed for those courses that issue a Certificate of Participation.
- Each time the PTCB Universal Continuing Education Form is used, the program is considered an in-service project.
- When using the PTCB Universal Continuing Education Form, list the company or Pharmacy name NOT the name of the supervising pharmacist as the program provider/sponsor on the reinstatement application.

## Acceptable Continuing Education Subject Matter

You must earn your continuing education hours in pharmacy-related subject matter. PTCB reserves the right to reject CE's not deemed applicable to pharmacy technician practice. Examples of appropriate programs for CPhTs may pertain to the following topics:

- Medication distribution & inventory control systems
- Pharmacy operations
- Calculations
- Programs specific to pharmacy technicians
- Interpersonal skills
- Organizational skills
- Pharmacy law\*
- Pharmacology/drug therapy

\*At least two hours in pharmacy law are required for reinstatement.

## Locating Continuing Education

- Pharmacy professional organizations
  - National pharmacy organizations such as American Pharmaceutical Association (APhA), American Society of Health-System Pharmacists (ASHP), American Association of Pharmacy Technicians (AAPT), etc.
  - State pharmacy organizations such as Illinois Council of Health-System Pharmacists (ICHSP), Michigan Pharmacists Association (MPA), etc.
  - Local chapter affiliates of state pharmacy organizations.
- Pharmaceutical industry
- Colleges of pharmacy
- Pharmacy technician training programs
- Universities, colleges, community colleges
- Employers
- Internet



Visit PTCB's web site at [www.ptcb.org](http://www.ptcb.org) for free CE's and links to some CE providers.

## Types/Categories of Continuing Education Available

### Lecture/Workshop Programs

This type of program may be a live presentation, teleconference, in-service, videotape, panel discussion, workshop, etc.

Speakers/Educators may include pharmacists, CPhTs, health care personnel (physicians, nurses, respiratory therapists, etc.), and pharmaceutical industry representatives. If you do not receive a Certificate of Participation for the program, your supervising pharmacist may complete the Universal Continuing Education Form for you to receive credit.

Note: if the PTCB Universal Continuing Education Form is used, only a maximum of 10 hours are allowed.

### **Credit hour allocation for lecture programs**

- You will receive credit for the same number of hours as the number of lecture hours attended (or the number of hours approved for attendees). The minimum unit of credit that may be awarded for any single lecture program is 1 hour.
- ACPE accreditation of the program provider is not mandatory for attended programs for CPhTs to receive continuing education credit.

### Home study/Self-study Programs

CPhTs may complete pharmacy journal articles; audio and videocassette tape study programs; computer-assisted instruction; web site (internet) courses; and correspondence courses.

### **Credit hour allocation for self-study programs**

- The minimum unit of credit awarded for any single program is 1 hour.
- ACPE accreditation of the program provider is not mandatory for credit to be awarded to CPhTs.
- If you do not receive a Certificate of Participation for a course, your supervising pharmacist may complete the PTCB Universal Continuing Education Form for you to receive credit. A minimum score of 70% must be earned on related quizzes.

### College Courses

To receive continuing education for a college course, you must complete a course for credit with a grade of "C" or better.

As a general guideline, the following categories of course work are eligible for continuing education credit:

- Courses in a pharmacy technician training program such as those offered by a community college.
- Any course in mathematics or calculations.
- A life science course relating to pharmacy, e.g., biology, chemistry, physics, etc.
- Any course in the pharmaceutical sciences.

Other course work may be approved on a case-by-case basis by writing a letter to the PTCB and including a syllabus for the course. PTCB will assess the relevance of the course to the work of CPhTs and notify you of its decision.

### **Credit hour allocation for college courses**

- PTCB will accept 1 college course for 15 hours per two-year certification period, the remaining 5 CE hours must be from another provider.
- A grade report (or transcript) will be considered as the Certificate of Participation if audited.
- Technicians may use CE's and college courses for pharmacists.

## Name Change

PTCB must be notified of name change\*. Send your full name and Certification Number or Social Security Number to

PTCB  
2215 Constitution Avenue, NW  
Washington, DC 20037

Or Fax: 202-429-7596

\*Changes in name must be accompanied by appropriate documentation (copy of marriage license, divorce decree, etc.).

**Address Change:** Please visit the PTCB website at [www.PTCB.org](http://www.PTCB.org) to complete an address change.

## FREQUENTLY ASKED QUESTIONS

### What is the reinstatement program?

Recertification is the renewal of PTCB certification, which is required every two-years. The reinstatement program is offered to those who did not complete the required 20 hours of continuing education by their expiration date and/or failed to submit a recertification application by the 90-day late fee deadline. Candidates who are eligible for reinstatement must complete 20 hours of continuing education (including 2 hours of pharmacy law) and complete the reinstatement process within one calendar year of their recertification date.

### What is the *PTCB Universal Continuing Education Form*?

This form is used for in-service projects, which are not part of your regular duties. At the completion of the in-service project, the supervising pharmacist must complete and sign the form. Only 10 hours can be used towards reinstatement through in-service projects. Each time the *PTCB Universal Continuing Education Form* is completed, the continuing education program is considered an in-service project. If the program sponsor provides a Certificate of Participation, a *PTCB Universal Continuing Education Form* should not be completed.

### How do I enter my CE's earned using the *Universal Continuing Education Form* on the reinstatement application?

When completing the reinstatement application, the question in the last column asks if you have used the *PTCB Universal Continuing Education Form*. Answer "yes" if you completed the form and your supervising pharmacist has signed it. The form should only be completed if an in-service project was developed between you and your supervising pharmacist. Do not list the supervising pharmacist's name as the program provider. The program provider of in-service projects is the sponsoring Pharmacy. Answer "no" if you received a Certificate of Participation from the continuing education provider. Remember the form should not be completed if you received a Certificate of Participation.

### What are some examples of an in-service project for continuing education?

You can earn up to 10 hours towards your reinstatement through in-service projects. The supervising pharmacist and the pharmacy technician should develop the project together. These projects should be relevant to the present and/or future duties of the technician. Examples include overhauling the inventory process (a monthly inventory check would not qualify), review of pharmacy-related articles, and training on a new computer system. Note: regular job functions will not be accepted.

### What is the Accreditation Council on Pharmaceutical Education (ACPE)?

The Accreditation Council on Pharmaceutical Education (ACPE) accredits continuing education program providers. ACPE does not provide continuing education programs. Lectures, workshops and home study programs are not required to hold ACPE accreditation for a pharmacy technician to receive continuing education credit.

### Can I use a college course towards my reinstatement?

Yes, PTCB accepts college courses completed with a "C" or better to be used towards your reinstatement. PTCB will accept courses in mathematics or calculations, biology, chemistry, or any course in pharmaceutical sciences. One college course is equal to 15 continuing education hours. You may only use one college course per two-year certification period, for a total of 15 CE hours. The remaining 5 hours must come from another source.

### What will my new expiration date be once I reinstate?

Regardless of when you reinstate during the one year reinstatement period, your new expiration date will be two years from your last expiration date. For example, if your expiration date was March 31, 2004 and you reinstated in March 2005; your new expiration date will still be March 31, 2006 (two years from the previous expiration date).

Send the completed application and payment to:

Pharmacy Technician Certification Board  
P.O. Box 75430  
Baltimore, MD 21275

Payments returned for insufficient funds after your application is processed will result in the deactivation of your certification. The required reinstatement fee plus a \$25 administrative fee must be received by the PTCB within 30 days of the insufficient funds notice to reactivate your certification.



**Pharmacy Technician Certification Board, Inc.**  
Phone (202) 429-7576 Fax (202) 429-7596 [www.ptcb.org](http://www.ptcb.org)



REINSTATEMENT OF CERTIFICATION APPLICATION

PLEASE PROVIDE CURRENT, ACCURATE INFORMATION.

Check here if this is a new address

- Mr. Mrs. Ms.

Name: Previous Name(s) Used:

First Middle Last

Name changes require appropriate documentation (copy of marriage certificate, divorce decree, etc.)

Address: Street City State Zip code

Home Phone: Work Phone:

E-mail: Fax Number:

Social Security Number: Former PTCB Certification Number: Month/Year

Original PTCB Certification Date: Original PTCB Recertification Date: Month/Year (Date passed exam) (Expiration)

Recertification Survey

All responses are strictly confidential.

- 1. Which one of the following best describes your primary work environment?
2. Does your employer recognize Certified Pharmacy Technicians with higher pay rates?
3. What is the name of your employer?
4. How long have you been working as a pharmacy technician?
5. What is the reason(s) for loss of PTCB certification?
6. What is your current role in your practice setting?
7. Which of the following have you noticed most in your experience as a CPhT?
8. How would you rate your overall satisfaction with the PTCB recertification/reinstatement process (on a scale of 1-10 with 10 being the best)?

Send the completed application and payment in the enclosed envelope to: Pharmacy Technician Certification Board, P.O. Box 75430, Baltimore, MD 21275

# REINSTATEMENT APPLICATION

## List of Completed Continuing Education

List your completed continuing education programs. You must complete each section. If more space is needed, make a copy or attach a separate sheet detailing the same information. Returned applications will require a \$10.00 reprocessing fee and copies of the requested Certificates of Participation. PTCB reserves the right to reject CE's not deemed applicable for pharmacy technicians practice.

Please print or type.

Date Credited (Month/Day/Year)	Program Title (Full Name of Program); Do not provide program number Indicate each pharmacy law course with an asterisk (*)	Program Provider (Company or Organization Name) No Acronyms ACPE is not a program provider	Hours Awarded	In-Service Project using the PTCB Universal Continuing Education Form? (Yes or No)
Ex. 2-15-2005	Legal Issues in Diabetes Management *	Tech Topics	1	No

**Total Credit Hours:**

I have read and understand the information provided on the PTCB recertification application form. Under penalty of perjury, I declare the foregoing statements and those in any required accompanying documentation are true. I also maintain that I have not been convicted of a felony. Note: A felony conviction is not an absolute bar to apply for recertification. Each case will be evaluated individually. If this applies to you, please enclose a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction by the recertification expiration date. (Those convicted of drug or pharmacy-related felonies are not eligible to recertify). I declare that I am a PTCB Certified Pharmacy Technician (CPHT). By signing and submitting this application, I accept the terms and conditions of the PTCB recertification program including the right of PTCB to confirm to any individual or organization whether or not I am currently certified.

CPHT's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ PTCB Certification Number \_\_\_\_\_

*Your signature is required or your application will be returned to you unprocessed and will require an additional fee.*



## Useful Numbers



### **Pharmacy Technician Certification Board**

2215 Constitution Avenue, NW  
Washington, D.C. 20037-2985

[www.ptcb.org](http://www.ptcb.org)

Phone (202) 429-7576

Fax (202) 429-7596

*Contact PTCB for application requests, national certification program questions, address changes, and recertification information.*

### **Professional Examination Service**

c/o PTCB (701) Testing Office  
475 Riverside Drive

New York City, New York 10115

Phone (877) PTCB-888

Fax 212-367-4266

*Contact PES regarding receipt of application, fees, and test center locations.*

### **Publisher Listing**

American Pharmacists Association	(800) 237-2742 or (202) 628-4410
American Society of Health-System Pharmacists	(866) 279-0681
Illinois Council of Health-System Pharmacists	(815) 227-9292
Michigan Pharmacists Association	(517) 484-1466
Delmar Learning	(800) 998-7498
EMC/Paradigm Publishers	(800) 535-6865
Lippincott, Williams, & Wilkins	(800) 638-3030
Morton Publishing Company	(800) 348-3777
National Association of Chain Drug Stores	(703) 549-3001
National Community Pharmacists Association	(703) 683-8200
Pharmacy Education Resources, Inc.	(713) 639-3175
Pharmacy Marketing Group, Inc.	(800) 798-4338
Precept Press	(800) 225-3775





# Wear the Pin..... Be Proud of Your Credentials

Each day on the job you're entitled to wear the CPhT logo gear. These special CPhT insignia identify you to pharmacists, peers, and patients as one of a distinguished group who has earned certification.



## CPhT Lapel Pins

(As shown above)

The CPhT Lapel Pin features the CPhT logo etched on a 10 karat gold-filled rectangle. The background is hand-filled with green enamel, baked, and polished to a bright and colorful finish. A deluxe round clutch back secures your pin in place. Wearing this pin is the perfect way to proudly announce your certification

## CPhT Uniform Patches

The Uniform Patch will identify you as a Certified Pharmacy Technician. This beautifully embroidered gold and green uniform patch is also designed in the logo form and measures 2.25" by 4". You'll want to buy one for each of your lab coats.



\*plus applicable state sales tax, shipping and handling.

## Here's How to Order Yours Today. . .

### ORDER FORM Please type or print clearly

#### MAILING ADDRESS

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#### PAYMENT INFORMATION

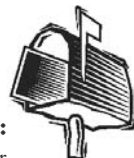
- Personal Check Enclosed
  - Money Order Enclosed
  - Bill Charge Card
- Write Visa # or Master Card # \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Expire Date \_\_\_\_\_

Name of Card Holder (Please print) \_\_\_\_\_

QTY	TOTAL
_____ CPhT Lapel Pin @ \$19.95 ea	\$ _____
_____ CPhT Uniform Patch @ \$5.00 ea	\$ _____
SubTotal	\$ _____
Sales Tax <small>(6.25% IL res. only)</small>	\$ _____
Shipping & Handling**	\$ _____
<b>GRAND TOTAL</b>	<b>\$ _____</b>

Please allow 4 to 6 weeks for delivery



Send orders to:  
CPhT Logo Gear  
4430 Manchester Drive, Ste G 2  
Rockford, IL 61109-1656

**SHIPPING AND HANDLING	
Please add charges based on your SubTotal amount	
\$5 to \$49.99.....	\$5.95
\$50.00 to \$74.99.....	\$6.95
\$75.00 to \$99.99.....	\$7.95
\$100.00 to \$149.00.....	\$8.95
\$150.00 to \$199.99.....	\$9.95
\$200 or more.....	\$10.95