

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785)296-4056
pharmacy@ks.gov Fax (785) 296-8420

**REGISTRATION APPLICATION:
Pharmacy Technician
Form LA-14**

INSTRUCTIONS

All applications must be complete and include all fees and supporting documentation before they will be processed by staff.
Disclosure of information is voluntary. However, failure to disclose all requested information may result in denial of your application.
Applicants have an obligation to update and supplement this information and application responses if changes occur. Failure to do so may result in disciplinary action, including, but not limited to, denial of future licenses.

FEES

Enclose a check or money order payable to the Kansas State Board of Pharmacy in the amount of \$67.00. Fees are nonrefundable.

SUPPLEMENTAL MATERIAL

Attach a legible copy of your current driver's license or government-issued photo ID. If the name on your ID is different from this application, you must submit proof of a legal name change (certified copy of marriage license, divorce decree, or court order).
Attach a completed S-100: KBI/FBI Criminal Background Check Form and a completed Fingerprint Card.

IMPORTANT INFORMATION-Certification Exam, Continuing Education, & Renewal

New technicians will be required to pass a technician certification exam before the first renewal. You can take either the Pharmacy Technician Certification Board (PTCB) exam or the National Healthcareer Association ExCPT exam.
20 hours of qualifying continuing education must be completed before each renewal.
You will be required to renew every two years before the expiration date printed on your registration. Technicians can renew online between September 15 and October 31.

CHECKLIST:

- Completed Application
- Driver's License or Government-issued Photo ID (current)
- S-100 KBI/FBI Background Check Form
- Fingerprint Card
- Check or Money Order for \$67.00 (A personal check requires additional processing time of 10 days.)
- Verification of passage of certification exam (if you've already taken it)
- S-150 Form if you answer "Yes" to any Personal History Information

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APPLICANT INFORMATION

First Name	Middle Name	Last Name	
Social Security Number*		Other Name(s) Used:	
Date of Birth	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (City, State)
Permanent Mailing Address			
City	State	Zip	County
Home Phone	Cell Phone	Email	
NABP eProfile ID (if you have one)			

*Your social security number is required pursuant to 42 U.S.C. 666(a)(13), K.S.A. 74-148 and K.S.A. 39-758, and may be provided to the Kansas Department of Revenue or Kansas Department for Children and Families for child support enforcement purposes upon request.

Yes No **Are you a United States citizen?**
If no, refer to the federal form I-9 list of acceptable documents and submit a copy of:
One selection from List A OR A combination of one selection from List B AND one selection from List C

Yes No **Have you passed a pharmacy technician certification exam?**
If yes, please indicate which organization administered the exam: PTCB ExCPT
If yes, attach verification.

EDUCATION INFORMATION Check one of the following qualifications:

High School GED Program

Attended From: _____ To: _____ Date Diploma/GED Received or Anticipated: _____

If you are currently enrolled in a High School/GED program, please provide a letter of good standing from your High School/GED program administrator.

EMPLOYMENT PLANS Check one of the following:

I have not yet been **hired** for a position as a pharmacy technician.

I have been **hired** for a position as a pharmacy technician at:

Pharmacy Name	Pharmacy Registration Number*
Pharmacy Contact Person	Phone

*If you do not know the Pharmacy Registration Number, go to <https://ksbop.elicensesoftware.com/portal.aspx>.

Initials: _____

OFFICE USE ONLY

Permit #: _____ Fee: \$ _____ Date: _____ Check #: _____



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PERSONAL HISTORY INFORMATION

- Yes No 1. Has there been a denial, revocation, suspension, voluntary surrender, or any other disciplinary action taken by the State of Kansas or any other jurisdiction against any professional or occupational license or registration held by you?
- Yes No 2. Have you ever been the subject of any disciplinary action taken against a professional or occupational license or registration?
- Yes No 3. Are there any pending or unresolved complaints or investigations against you by any licensing authority or professional or occupational association?
- Yes No 4. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, DEA, or any other federal or state drug enforcement authority?
- Yes No 5. Have you been charged with or convicted of (includes plea of guilty or no contest) a criminal offense or is there any criminal charge now pending against you (other than minor traffic violations) in any state or federal court whether or not a sentence was imposed, suspended, or diverted? This includes misdemeanors.
- Yes No 6. Have you ever been pardoned from a felony or misdemeanor criminal conviction?
- Yes No 7. Have you ever had a felony or misdemeanor conviction expunged from your record?
- Yes No 8. Have you ever been charged with or convicted of (includes plea of guilty or no contest) or charged with a violation of any federal or state drug law(s) or rule(s) whether or not a sentence was imposed, suspended, or diverted?
- Yes No 9. Are you now or have you in the last five years been treated for a drug or alcohol addiction or participated in any substance abuse rehabilitation program?
- Yes No 10. Do you currently have an alcohol, drug, or other substance abuse problem?

If you answered YES to any of the above questions, please attach Form S-150: Personal History.

APPLICANT CERTIFICATION

By virtue of filing this application, I do solemnly swear or affirm that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, and that the copy of my driver's license or other identifying photographic identification attached hereto is a true likeness of myself. I authorize the Kansas State Board of Pharmacy to review files pertaining to my registration and practice, all law enforcement, administrative, and motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization for entities in possession of applicable information to release such information to the Kansas State Board of Pharmacy. I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license.

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this application and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED



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**REGISTRATION APPLICATION:
KBI/FBI Criminal
Background Check Form
Form S-100**

Waiver Agreement & Statement—Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize the Kansas State Board of Pharmacy (*Authorized Recipient*) to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

APPLICANT RELEASE

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

SIGNATURE

DATE SIGNED

Printed Name		Date of Birth	
Residential Address			
City	State	Zip	County

TO BE COMPLETED BY THE FINGERPRINTING AGENCY

You MUST take this sheet with you when you are fingerprinted.

Method of Verifying Identity: <input type="checkbox"/> Driver's License <input type="checkbox"/> Military ID Card <input type="checkbox"/> State Issued ID Card			
State/Branch		ID Number	
Agency Name			
Address			
City	State	Zip	County
Phone		Fax	
Name of Individual Verifying Identity			

**ORIGINAL—MUST BE RETAINED BY AUTHORIZED RECIPIENT
COPY—PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK**

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REGISTRATION APPLICATION:

**KBI/FBI Criminal
Background Check Form
Form S-100**

HOW TO FILL OUT THE FBI FINGERPRINT CARD

Using a BLACK INK pen, pre-fill the blocks below on the fingerprint card before arriving at the law enforcement agency (LEA). DO NOT SIGN in the block 'SIGNATURE OF PERSON FINGERPRINTED.' Place the fingerprint card, waiver, application, and payment in a pre-addressed stamped envelope to the Kansas State Board of Pharmacy, 800 SW Jackson, Ste 1414, Topeka KS 66612-1244.

Go to your local LEA or the Kansas Bureau of Investigation. Be sure to bring your driver's license for identification. Give the envelope with your fingerprint card, waiver, application, and payment to the LEA. The LEA will complete your fingerprints and complete the waiver. Sign the fingerprint card in front of the law enforcement officer. The LEA should place the completed fingerprint card, waiver, application, and payment in the postage paid pre-addressed envelope you provided and mail the information directly to the Board of Pharmacy.

DO NOT BEND, CREASE, OR FOLD THE FBI FINGERPRINT CARD.

A delay in the processing of your FBI criminal background is commonly caused by incomplete fingerprint cards and poor quality of fingerprints. **DO NOT CONTACT THE KBI OR THE FBI** about the status of your criminal background check. These agencies notify the Kansas State Board of Pharmacy when the check is complete. Allow 2-3 weeks for the FBI background check to be complete.

Complete the following blocks on the FBI Fingerprint card:

Last name, first name, middle name

Signature of person fingerprinted: DO NOT SIGN UNTIL FINGERPRINTED

Aliases: other names you have used, i.e. nicknames, maiden names, etc.

ORI: this field MUST read: KS920152Z KS BD OF PHARMACY TOPEKA, KS

Date of Birth: Month/Day/Year

Residence of person fingerprinted: Street address or PO Box, City, State, Zip

Citizenship: i.e. United States, Mexico, Canada, England, etc.

Sex: M=Male, F=Female

Race: W=White, H=Hispanic, B=Black, I=American Indian or Alaskan Native, A=Asian or Pacific Islander, U=Unknown

Height (HGT): Height in feet and inches, i.e. 5'11" is "511" or 6'1" is "61"

Weight (WHT): Weight in pounds, i.e. 160 lbs. is "160"

Eyes: Color, BLU=Blue, BRO=BROWN, GRE=Green, GRY=Gray, HAZ=Hazel, XXX=Unknown

Hair: Color, BAL=Bald, BLK=Black, BLN=Blond (or Strawberry), BRO=Brown, GRY=Gray (or partially Gray), RED=Red (or Auburn), SDY=Sandy, WHI=White, XXX=Unknown

Place of Birth: U.S. State or Foreign Country

Employer and Address: None if you are unemployed

Reason Fingerprinted: This field MUST read Kansas Board of Pharmacy KSA 65-1696

Social Security Number. If you do not have a Social Security Number, enter the appropriate MNU prefix code available at www.fbi.gov.

Leave all other spaces blank: OCA, FBI, MNU

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your national CHRI, also known as the Identity History Summary, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division
Attn: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

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REGISTRATION APPLICATION:

Personal History
Form S-150

INSTRUCTIONS

If you answered 'Yes' to any of the personal history questions on an application, you must fully and truthfully report your entire disciplinary history whether or not the arrest/charge/citation/petition/order was dismissed, suspended, diverted, etc.

This personal history should include the incident, date of incident, the original charge, any pleadings, and the outcome of the situation. It includes violation of any state or federal law, whether misdemeanor or felony, regardless of the state or territory in which it occurred.

BURDEN OF PROOF

You have the burden of proof that the licensing is appropriate and should be granted under the circumstances.

The factors considered by the Board include:

1. Present moral fitness;
2. Demonstrated consciousness of the wrongfulness of the conduct;
3. The extent of rehabilitation;
4. The nature and seriousness of misconduct;
5. Conduct subsequent to the misconduct;
6. The amount of time that has elapsed since misconduct;
7. Character and maturity at the time of the misconduct; and
8. Current professional competence.

The burden of proof with regard to each of these factors is on you. You should submit with the application ALL information which you believe will establish that licensing is appropriate.

STATEMENT

List any additional facts that explain why you should be licensed or registered. You might consider including a statement regarding:

- Your current character and reputation.
- The nature and extent of any rehabilitation or treatment.
- Your personal experience and level of competence in the profession.
- Extenuating or mitigating circumstances regarding any illegal activities or wrongdoing.
- Conduct, work or volunteer history since time of any illegal activities or wrongdoing.
- Reasoning for any false statements or misrepresentations made to the Board, whether accidental or intentional.

SUPPORTING DOCUMENTS

Suggestions for other helpful documents:

- Letters of recommendation or character references
- Certificates of completion for treatment programs, victim panels, etc.
- Evidence of rehabilitation or present fitness for licensure
- Coursework, community involvement, volunteer experience, or job responsibilities
- Court documents requested by the Board, including charges, convictions, diversions, probation, and completion/release

APPLICANT INFORMATION

License or Registration Number (if issued)			
First Name	Middle Name	Last Name	
Mailing Address			
City	State	Zip	County

