

**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:

**Technician Certification
 Extension Request
 Form LA-75**

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff.

This form is for a Pharmacy Technician with a registration issued after July 1, 2017.

Per K.A.R. 68-5-17, a national certification examination must be passed before the first renewal. Use this form to request a six-month extension (through April 30 following registration expiration) to pass an approved examination.

This form must be received by the Board before you renew and no later than **October 1st**.

TECHNICIAN INFORMATION

Name	Registration Number*	Phone Number	
Mailing Address			
City	State	Zip	Email

The Board will contact you by email.

EMPLOYER INFORMATION

Facility Name	Facility Registration Number*		
Physical Address (non-residential, no PO Box)			
City	State	Zip	County
Phone	Pharmacist-in-Charge		Employment Start Date

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

I am not currently employed as a pharmacy technician. (No PIC signature on page 2 required.)

REASON FOR REQUEST

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Previous Examination Failure | Date(s) of Examination: _____ |
| <input type="checkbox"/> Late or Delayed Start to Training or Preparation | Date Training Started: _____ |
| <input type="checkbox"/> Change in Employment | Date of Change: _____ |
| <input type="checkbox"/> Major Medical Event | Date of Event: _____ |
| <input type="checkbox"/> Natural Disaster | Date of Event: _____ |

INSTRUCTIONS FOR STATEMENT

Explain the "who, what, where, when, why, and how" of the situation(s). List any additional facts that explain to the Board why you should be granted an extension. This statement should include the incident, date of incident, and the impact it had on your ability to pass a certification exam. You may also attach documentation to support your statement such as previous examination results, proof of employment dates, letter from a medical provider, or letter from your pharmacist-in-charge. You have the burden of providing documentation in support of your request to prove that an extension is appropriate and should be granted under the circumstances.

Submit ALL information you believe supports your request. Requests received without supporting documentation will be denied.

OFFICE USE ONLY

Approved / Denied Initials: _____ Date: _____ Notification Date: _____



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STATEMENT

Attach additional copies of this page if needed along with supporting documents.

TECHNICIAN VERIFICATION

The information contained on this form is true, correct, and complete to the best of my knowledge.

TECHNICIAN SIGNATURE

DATE SIGNED

PHARMACIST-IN-CHARGE CERTIFICATION

I have read the statement and supporting documentation provided by the technician.

PHARMACIST-IN-CHARGE SIGNATURE

DATE SIGNED