



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 –
Reinstatement after Revocation
Form LA-70**

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 (Return pages 3 & 4 to the Board)
- 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 Personal History Information Form



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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



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APPLICANT INFORMATION

Previous Kansas Technician Registration #	Original License Date	License Revocation Date	
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	

*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

Are you currently enrolled in or have you completed a High School or GED Program?

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:

<input type="checkbox"/> I have not yet been hired for a position as a pharmacy technician.	
<input type="checkbox"/> 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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DISCIPLINARY INFORMATION

Make sure to include information on why your Kansas technician registration was revoked.

- 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 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 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