

NAME _____

9906/001	Application	\$75.00
9906/006	Regulatory	\$10.00



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
www.Tennessee.gov/health

APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION

Information for Individuals who desire to register as a Pharmacy Technician

The Tennessee Board of Pharmacy registers all Pharmacy Technicians practicing in the State of Tennessee.

The following documents are necessary to implement Registration:

- Applicants for registration as a technician must complete this application. The fee for Pharmacy Technician Registration is \$85.00.
- Complete the Pharmacy Technician Affidavit - It **must** be kept on file at the pharmacy.
- **EFFECTIVE APRIL 3, 2012** – A criminal background check will be required for registration as a pharmacy technician. You can log onto www.L1enrollment.com to register and set up an appointment to have your fingerprints scanned. **OCA #9906**
- **EFFECTIVE OCTOBER 1, 2012** – All applicants **must** complete the attached Declaration of Citizenship.

The certificate **must** be displayed at the technician's place of employment.

Pursuant to board rule 1140-1-03(5): It shall be unlawful for any person to procure or attempt to procure a license or certificate of registration for such person or for any other person by making any false representation.

MAIL COMPLETED APPLICATION WITH APPROPRIATE FEE AND INFORMATION TO:

TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
TENNESSEE BOARD OF PHARMACY
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
TELEPHONE: (615) 741-2718

APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION:

(Last Name) (First Name) (Middle)

(Street Number)

(City) (State) (Zip Code)

Place of Birth: _____
(City) (State) (Sex)

Date of Birth: _____
(Month) (Day) (Year) (Social Security Number)

Home Phone No.: _____

Do you wish to receive notification, including renewal notification from the Department of Health via email?
 Yes No

Email address: _____

Are you a citizen of the United States? Yes No (Complete the Declaration of Citizenship)

VIOLATIONS

Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense? Yes No

If yes, please provide details of the conviction, such as date of conviction, and please provide any documentation showing the resolution of this case. _____

Are there ANY criminal charges pending against you in this state or any other state? Yes No

If yes, please provide explanation: _____

Are or have you ever been you registered in any other state? Yes No

If yes, list dates and states:

EMPLOYMENT

(Employer Name)

(Employer Address)

(City)

(State)

(Zip)

()

(Employer Phone Number)

I, _____, do solemnly swear and affirm that I have personally completed this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge.

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of _____ 20 ____ .

My Commission expires _____ .

(Notary Public)

AFFIX SEAL HERE

DO NOT WRITE BELOW THIS LINE (FOR BOARD USE ONLY)

Fee Scheduled Effective **October 9, 2014**

Technician Registration Fee \$85.00

REGISTRATION NO: _____
DATE ISSUED: _____
DIRECTOR: _____

Checks/Money Orders should be payable to: Tennessee Board of Pharmacy. Pharmacy Technician rules require that you notify the Pharmacy Board Office as soon as possible of any changes in employer.

- _____ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- _____ Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- _____ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- _____ Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- _____ An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status**, please submit one or more of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20__.

Signature

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.