



District of Columbia Department of Health  
 Health Regulation and Licensing Administration  
 Board of Pharmacy



**PHARMACY TECHNICIAN  
 TRAINING PROGRAM APPLICATION**

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at 1-877-672-2174, Monday through Friday, 8:15 AM to 4:45 PM EST. **A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)**

**General Instructions**

- **New Application:** Fill out sections 1-7, and 9.
- **Renewal:** Fill out sections 1-7 and 9. If there are no changes to any sections, please select "Same Information". If there are changes, select "New Information" and completely fill out the section.
- **Changes in Pharmacy Technician Training Program:** Fill out sections 1, 8, and the sections directed by section 8
- **Return the completed application with the fee of \$1,500.00 (check or money order) made out to the "D.C. Treasurer" Mailing Address:**  
 Department of Health-Health Regulation and Licensing Administration  
 Board of Pharmacy  
 899 North Capitol Street, NE 1<sup>st</sup> Floor Washington, DC 20002

**Section 1: Type of Application**

- New Application **(GO TO SECTION 2)**  
 Renewal **(GO TO SECTION 2)**  
 Change in Pharmacy Technician Training Program **(GO TO SECTION 8)**

**Section 2: General Information**

Name of Program:			
Program Director:			
Name of Institution or Business (if applicable):			
Street Address:	City:	State	Zip Code
Mailing Street Address: (if different)	City:	State:	Zip Code
Email address	Telephone	Fax	

**Section 3: Instructor Information (  Same Information  New Information )**

Please List all of the instructors below and attach all faculty's curriculum vitae or resume. Attach additional sheet if more space is needed.

Name of Instructor	License or Registration Number	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician Other: _____
Name of Instructor	License or Registration Number	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Technician Other: _____

**Section 4: Training Program Description (  Same Information  New Information )**

To be approved by the Board of Pharmacy, a pharmacy technician training program shall, at a minimum, provide instruction in the following areas of pharmacy practice:

1. Roles and responsibilities of pharmacy technician
2. Knowledge of prescription medications
3. Knowledge of strengths or dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy
4. The dispensing process
5. Pharmaceutical calculations
6. Interacting with patients
7. Third party prescriptions
8. Sterile and non-sterile compounding
9. Requirements and professional standards for:
  - a) Preparing
  - b) Labeling
  - c) Dispensing
  - d) Storing
  - e) Pre-packaging
  - f) Distributing
  - g) How medicines are administered
10. Confidentiality
11. Drugs used to treat major chronic conditions
12. Federal and District laws and regulations governing controlled substances and the practice of pharmacy
13. Knowledge of special dosing considerations for pediatric and geriatric populations

**Note for renewal and changes: If there are any changes made in the program content, then the exam MUST BE updated accordingly. Must complete section 7 with new exams.**

**Please Attach a Copy of the Following:****HPLA ONLY**

Copy of the course instructions	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Copy of the course outline and syllabus	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>
Copy of course training materials	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/>

**Section 5: Duration of training (  Same Information  New Information )**

A pharmacy technician program shall include a minimum of 160 hours of practical experience and may not be longer than one (1) year

**HPLA ONLY**

Length of Program (hours)	<input type="checkbox"/>
Length of Program (months)	<input type="checkbox"/>

**Section 6: Exam Requirements (  Same Information  New Information )**

Must be a minimum of 90 multiple choice questions with sufficient additional questions so that the examination questions can be rotated twice a year.

**HPLA ONLY**

Include 2 different copies of the exams with answers to be administered	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
Require a passing score of seventy-five percent (75%) of higher	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

**Section 7: Records storage and Certificate (  Same Information  New Information )**

A pharmacy technician training program shall maintain records of participants for five (5) years from date of completion or termination of program. The records shall be maintained either on-site or at another location where the records are readily retrievable upon request for inspection.

Mechanism of records storage:  Electronic  Paper

Location of records storage (if at another location)

Street Address

City

State

Zip Code

A program shall provide a certificate of completion to participants who successfully complete the program and provide verification of completion of the program for a participant upon request by the board.

**HPLA ONLY**

Sample copy of certificate students will receive on completion

YES

NO

**Section 8: Changes in Pharmacy Technician Program**

Please select **any** changes being made in Pharmacy Technician Program (Information must be reported within thirty (30) days)

Program Name (Also, fill out **sections 2 and 9** with current information)

Old Program Name

New Program Name

Program Director (Also, fill out **sections 2 and 9** with current information)

Old Program Director

New Program Director

Instructors (Fill out **sections 2, 3** with all current instructors, and section **9**)

Name of institution or business (Also, fill out **sections 2 and 9** with current information)

Old Name of institution or business

New Name of institution or business

Address (Also, fill out **sections 2 and 9** with current information)

<b>Old Address</b>			
Street Address	City	State	Zip Code
<b>New Address</b>			
Street Address	City	State	Zip Code

Program Content (Fill out **sections 2, 4, 6, and 9** with current information) **Must update exam accordingly**

Length of program (Fill out **sections 2, 5, and 9** with current information)

Location of records (Also, fill out **sections 2, 7, and 9** with current information)

<b>Old Location of records storage (if at another location)</b>			
Street Address	City	State	Zip Code

<b>New Location of records storage (if at another location)</b>			
Street Address	City	State	Zip Code

**Section 9: Affidavit**

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge.*

I acknowledge that I have reviewed the rules and regulations Title 17 DCMR Chapter 99 Pharmacy Technicians.

**HPLA ONLY**

\_\_\_\_\_  
**Program Director Signature**

\_\_\_\_\_  
**Name (Program Director)**

\_\_\_\_\_  
**DATE**

**REPORT FRAUD, WASTE, AND ABUSE:** To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at [hotline.oig@dc.gov](mailto:hotline.oig@dc.gov), or by TTY at 711. For additional information, visit the Office of the Inspector General's website at [oig.dc.gov](http://oig.dc.gov).