



PHARMACY TECHNICIAN APPLICATION & INSTRUCTIONS

IMPORTANT INFORMATION:

- Complete this application if you are applying to the Board for a pharmacy technician registration.
- You must answer all questions on the application. Incomplete, inaccurate or false applications will be deemed **null and void** and will be returned to you. **The applicant is responsible for correcting any deficiencies and resubmitting the application.**
- **Criminal History Background Check:** All pharmacy technician applicants must be fingerprinted and undergo a criminal history background check. (See section below). Your application will not be processed until your fingerprint results are received.
- **Technician Certification:** Missouri law does not require pharmacy technicians to be certified to be registered as a technician. However, your employer may independently require that you be certified. Pharmacy technician certification is handled by private entities and not the Board. The Board cannot provide information or advice on obtaining or renewing your pharmacy technician certification.
- **Allow three (3) weeks for processing your application.** You will be notified in writing if additional information is required. Incomplete applications or failure to completely/accurately disclose criminal history information will delay your application and may require additional review by the Board.
- **Important tax information:** All persons and business entities licensed with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your registration will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

****IMPORTANT INFORMATION ABOUT WORKING AS A PHARMACY TECHNICIAN****

You may begin working as a pharmacy technician after you have submitted a completed pharmacy technician application to the Board along with proof of fingerprinting. You must be fingerprinted and submit a completed application to the Board along with the application fee **BEFORE YOU START WORKING**. A copy of your completed application and fingerprint receipt must be kept at your place of employment until you receive your registration certificate. Copies will not be available from the Board office.

CHECKLIST:

The following items must be submitted to complete this application:

- Completed, signed, and notarized Pharmacy Technician Registration Application.**
- Fee of \$35.00** made payable to the Missouri Board of Pharmacy. The fee may be a money order, cashier's check or personal check. *Money orders must be filled out and the purchaser signature line must be signed or it will be returned to applicant.* All fees are deposited upon receipt, and are non-refundable. Deposit of the fee does not mean your application has been accepted or approved.
- Proof of Fingerprinting:** A fingerprint receipt from the State's approved fingerprinting vendor (3M/Cogent) must be attached to this application unless fingerprints were submitted at a law enforcement agency outside of Missouri. The application will not be processed until criminal history results are received.
- A 2" X 2" head and shoulders photo** of the applicant. Tape the photo to the application in the photo box provided. **DO NOT STAPLE PHOTOS.** Photos may be in color or black and white but must be of good quality.
- Mail Application To:** Missouri Board of Pharmacy, PO Box 625, Jefferson City, MO 65102.
- If your application is approved, your registration will be issued and your registration number will be available on the Board's website. Your registration will be mailed to the applicant address listed on your application. Please allow 3-5 days for mailing.



Missouri Pharmacy Technician Registration Application

CRIMINAL HISTORY /BACKGROUND CHECKS

- **Criminal History Background Check:** All pharmacy technician applicants must be fingerprinted and undergo a criminal history background check. You will be required to pay a fingerprinting fee at the fingerprint location or when you register with the fingerprint vendor online. Your fingerprint fee should not be submitted to the Board and is different from your pharmacy technician application fee.
- After you are fingerprinted, you will be given a fingerprint receipt. **To begin working, the receipt must be submitted to the Board with your completed application.** Receipts must be dated no more than six (6) months prior to the date your application is submitted to the Board. You will be required to be re-fingerprinted and pay an additional fingerprinting fee, if you were fingerprinted more than six (6) months before submitting your application.
- YOUR FINGERPRINT REGISTRATION CONFIRMATION PAGE IS NOT A FINGERPRINT RECEIPT. You must submit proof from the fingerprint vendor showing your payment.
- In addition to your criminal history background check, you must answer the criminal history questions in the **Charges, Convictions, Disciplinary Actions & Status** section of the application. If you answer “yes” to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to provide an explanation or to answer all of the criminal history questions will result in your application being rejected. If you are in doubt, answer “yes” and provide an explanation.
- **Suspended Imposition of Sentence (SIS) or a Suspended Execution of Sentence (SES):** You must answer “yes” to the criminal history questions and provide an explanation even if you have received a Suspended Imposition of Sentence (“SIS”) or Suspended Execution of Sentence (“SES”).
- An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer “yes” even if you received an SIS or an SES.
- You must provide certified court documents that show the date, charges and disposition of any convictions, SIS charges or SES charges. Typically, this would include copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case. Documents **MUST** be certified by the court.
- Failing to provide full and truthful information may result in your application being rejected or denied.

*****IMPORTANT INFORMATION ABOUT DRUG CONVICTIONS/CHARGES*****

- Under state and federal law, your employer may be required to obtain an employment waiver for you if you have been convicted of certain controlled substance related charges. You may not work as a pharmacy technician without a required waiver.
- Specifically, a waiver is required from the federal Drug Enforcement Administration if you have any felony controlled substance related convictions.
- A waiver from the Missouri Bureau of Narcotics and Dangerous Drugs is required if you’ve been convicted of any felony or misdemeanor controlled substance charges.
- Technician applicants with controlled substance related convictions/charges should consult with legal counsel before submitting your application. You may not be able to work as a pharmacy technician without a waiver even if your registration is issued by the Board.
- Your technician application fee is non-refundable even if your application is denied by the Board or a waiver is required.
- Questions about obtaining a BNDD or DEA waiver should be addressed to:

Missouri Bureau of Narcotics and Dangerous Drugs (BNDD)

P.O. Box 570, Jefferson City, MO 65109 (573) 751-6321

bndd@health.mo.gov

U.S. Drug Enforcement Administration (DEA)

7600 College Blvd., Suite 100, Overland Park, KS 66210 (913) 951-4100

or

317 South 16th Street, St. Louis, MO 63103

(314) 538-4600 or (888) 803-1179



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Fingerprint Instructions

To complete your application, you must be fingerprinted and undergo a criminal history background check. Fingerprinting must be conducted by 3M/Cogent, the Board’s approved fingerprinting vendor. To be fingerprinted, complete the following steps:

▶ STEP 1:	Register to be fingerprinted on the Missouri Automated Criminal History Site (MACHS) website at www.machs.mo.gov or call 877-862-2425. <u>To register, you must provide the fingerprint vendor “Registration Number: 0003.</u> Do not contact the Board to schedule a fingerprint appointment.
▶ STEP 2:	Once you are registered, you will be given a “TCN” number from MACHS online or over the phone. Write down or print your TCN number and take it with you when you are fingerprinted.
▶ STEP 3:	Find a fingerprint location by clicking on “Fingerprint Sites” on the top of the MACHS webpage located at www.machs.mo.gov or by calling 877-862-2425. Once a preferred location is designated, you will see the location address and hours of operation. The Board does not maintain location site addresses or hours of operation. Applicants must visit the MACHS website or call the fingerprinting vendor to find a location site.
▶ STEP 4:	Take your TCN number and a valid government issued ID with you to the fingerprint location. <u>You WILL experience a long wait at the fingerprint location if you do not register online or forget to take your TCN number to the fingerprint location.</u>
▶ STEP 5:	Pay the fingerprint fee and get your prints taken. You must pay the fingerprint fee online or in person at the site. For verification purposes, your picture will be taken at the fingerprint site. <u>This picture cannot be used as the picture required for your application.</u>
▶ STEP 6:	After you are fingerprinted, you will be given a fingerprint receipt that shows you have been fingerprinted. <u>The receipt must be submitted to the Board with your completed application.</u> Receipts must be dated no more than six (6) months prior to submission of the application. If the receipt date is more than six (6) months from the date your application was submitted, you will be required to be re-fingerprinted and pay an additional fee.

- ▶ **Out-of-State Applicants:** If you are outside of the state and cannot drive to a Missouri fingerprint location, please register with MACHS as indicated above and make payment online. You will then need to go to a law enforcement agency and complete two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. **Write Registration Number: 0003 on your fingerprint cards. Write down your TCN number on the back of your fingerprint cards.** Mail your cards to: 3M Cogent, Inc., Missouri CardScan, 639 N. Rosemead Blvd., Pasadena, CA 91107. Fingerprint cards should not be mailed to the Board. Mailed fingerprint cards take longer to process; expect longer processing times.

Click here or visit the Board’s website to learn more about the fingerprint process.

Questions

Questions regarding your Pharmacy Technician Application may be addressed to:

- E-Mail: technician@pr.mo.gov
- Phone: (573) 522-2425
- Fax: (573) 526-3464



Missouri Pharmacy Technician Registration Application

MISSOURI PHARMACY TECHNICIAN REGISTRATION APPLICATION

TAPE (DO NOT STAPLE) 2" X 2" PHOTO HERE <i>Head & Shoulders</i> <i>Only</i>	STATE OF MISSOURI DIVISION OF PROFESSIONAL REGISTRATION MISSOURI BOARD OF PHARMACY	MAILING ADDRESS: MISSOURI BD. OF PHARMACY PO BOX 625 JEFFERSON CITY, MO 65102	FOR OFFICE USE ONLY
		OVERNIGHT ADDRESS: 3605 MISSOURI BLVD. JEFFERSON CITY, MO 65109	REGISTRATION #
	- SEE INSTRUCTIONS FOR COMPLETION OF THIS FORM AND FINGERPRINT REQUIREMENTS - APPLICATION FEE: \$ 35 - KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS - QUESTIONS: E-MAIL: technician@pr.mo.gov or call (573) 522-2425		ISSUE/VOID DATE
			RECEIVED DATE

APPLICANT INFORMATION				
APPLICANT NAME (FIRST)	(MIDDLE)	(LAST)	SOCIAL SECURITY NUMBER	
MAILING ADDRESS (STREET/P.O. BOX)	(APT #)	(CITY)	(STATE)	(ZIP)
DATE OF BIRTH (MM/DD/YYYY)	CONTACT TELEPHONE NUMBER	E-MAIL ADDRESS		

EMPLOYMENT INFORMATION	
ARE YOU CURRENTLY OR DO YOU KNOW THE PHARMACY WHERE YOU WILL BE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, PLEASE COMPLETE THIS EMPLOYMENT SECTION</i>	BEGINNING DATE OF PHARMACY TECHNICIAN EMPLOYMENT
NAME OF PHARMACY	MISSOURI PHARMACY PERMIT NO.
PHARMACY ADDRESS (STREET)	(CITY) (STATE) (ZIP)
NAME OF PHARMACIST-IN-CHARGE	PHARMACIST-IN-CHARGE LICENSE #

TAX COMPLIANCE
<i>All persons and business entities licensed with the Division of Professional Registration are required to have paid all state taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The following tax information must be provided:</i>
Pursuant to Section 324.010, RSMo:
Were you a Missouri resident in any of the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any Missouri income in any of the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
Were you subject to Missouri income tax in any of the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO
All questions must be completed. False statements are subject to criminal penalties and/or license discipline. For tax questions, contact the Department of Revenue at (573) 751-7200 or e-mail income@dor.mo.gov.



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CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer “yes” to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer “yes” and provide an explanation.

- a. **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer “yes” to the criminal history questions and to provide an explanation even if you have received a Suspended Imposition of Sentence (“SIS”) or Suspended Execution of Sentence (“SES”). An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer “yes” even if you received an SIS or an SES.
- b. If you answer “yes” to any of the criminal history questions, you must provide certified court documents that show the dates, charges and dispositions of your arrests/convictions. Typically, this would include copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case. Documents MUST be certified by the court.
- c. *338.185 RSMo provides: “After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed.”*

1. Have you ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)? YES NO
2. Do you currently have any felony or misdemeanor criminal charges pending against you in Missouri or in any other state, country or court (including federal court)? YES NO
3. Have you ever received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)? YES NO
4. Have you ever been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed (SIS) or a suspended execution of sentence (SES) was received? YES NO
5. Have you ever been, or are you now, addicted to any drugs, controlled substances or alcoholic beverages? YES NO
6. Have you ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*) YES NO
7. Have you ever had any controlled substance registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? (*If yes, copies of any denial/refusal/disciplinary documents must be provided*) YES NO
8. Have you ever been adjudged insane or incompetent by or in any state, country or court? YES NO



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APPLICANT AFFIDAVIT

I have personally completed the foregoing application truthfully and completely. All the information and answers contained in this application and any attachments are true and correct to my best knowledge and belief. I am making this affidavit knowing that any false statements or material omission subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMO.

I understand that I must comply with federal and state laws as well as the regulations of the Missouri Board of Pharmacy. I hereby certify under the penalty of perjury that the above statements, as well as all information provided here, are true and accurate.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE OF APPLICANT

PRINT NAME

DATE

NOTARY PUBLIC EMBOSSEER OF BLACK INK
RUBBER SEAL STAMP

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

_____ DAY OF _____ YEAR _____

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

Missouri Procedures for Out-of-State Applicant Fingerprint Cards

Out-of-State applicants only should mail their fingerprint cards to Cogent for criminal background check processing. A check or money order for the Cogent fingerprinting fee and all State or FBI fees (\$43.05) should accompany the fingerprints.

Also go to www.machs.mo.gov to register for the criminal history background check. You must provide Cogent **“Registration Number: 0003.”** Please write the TCN number provided during online registration on the back of both fingerprint cards. For more information about fees please visit www.machs.mo.gov for a complete fee schedule.

All fingerprint cards should contain the mandatory demographic information listed below. If any of the below fields are left blank the fingerprint card will not be able to be processed and a rejection notice will be mailed back to the applicant. Mandatory Information that must be included on the fingerprint card:

First Name	Height
Last Name	Weight
Street Address	Hair Color
City	Eye Color
State	Race (Black, White, Hispanic, Indian, Asian, Other)
Zip Code	Place of Birth
Date of Birth	Citizenship
Sex (Male or Female)	Social Security Number (if a US Citizen)

The Missouri Board of **Pharmacy’s Registration Number: 0003** must be notated in the upper right hand corner of the fingerprint card. Failure to include this information on the fingerprint card will result in an incorrect type of background check being done. Additional fees may be accessed if a correction is later needed.

Sample Registration #

Only include "Volunteer" if the background check is being conducted for a position as a volunteer.

Fingerprint cards and associated fees should be mailed to:

**3M Cogent, Inc.
Attn: Missouri CardScan
639 N. Rosemead Blvd.
Pasadena, CA 91107**

Questions about this process may be directed to Cogent at 1-877-862-2425 or to the Missouri State Highway Patrol at 573-526-6312

Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Cogent, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or machs@mshp.dps.mo.gov

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- Officials must provide to the applicant written notice¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.²

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

¹ Written notification includes electronic notification, but excludes oral notification.

² See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication 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.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).