

# MISSISSIPPI BOARD OF PHARMACY

6360 I-55 NORTH, SUITE 400 : JACKSON, MS 39211

601-899-8880 : Fax 601-899-8851



## INSTRUCTION SHEET AND CHECKLIST FOR **PHARMACY TECHNICIAN REGISTRATION**

### **\*IMPORTANT CHANGES AS OF APRIL 1, 2011\***

- Complete the application for registration and include a **passport quality photo** (Page 1)
- Provide proof of High School Diploma or GED (Page 1)
- Provide copy of Certified Pharmacy Technician Certificate (CPT) if presently certified. **Certification must be obtained before first renewal by successful completion of PTCB or ExCPT exam.**
- Complete the affidavit and application questionnaires w/notary where indicated (P. 2,3)
- Place proof of HS graduation, CPT certificate if presently certified, the completed application, affidavit questionnaire, application questionnaire (Pages 1, 2, 3) AND appropriate **NON-REFUNDABLE** fees (\$50 registration fee and \$40 background check fee - money orders or business checks only. NO personal checks) in a postage paid envelope **-not provided (In April 2011, postage was \$1.25 for the completed packet)** and take it with you (along with page 4) to be fingerprinted.
- You must be fingerprinted on a white and blue **FD-258 card** by an agency of your choice (local police, sheriff, department of public safety, human resource dept., etc). These agencies should use this card. If they do not have the **FD-258**, contact the Board and we will send one to you to take to the agency. You are responsible for any fees associated with the fingerprinting. **The verification form (Page 4) must be completed by the person taking the fingerprints.**
- By request of the FBI, ask the person who took the fingerprints to place the completed fingerprint card and verification form (Page 4) in the postage paid return envelope you provide along with completed Pages 1, 2, 3 and fees. Have them seal the envelope and drop it in the mail to our office. **THE COMPLETED FINGERPRINT CARD SHOULD NOT BE RETURNED TO YOU.**

**IMPORTANT:** If you have EVER been arrested, you MUST answer YES on the questionnaire and include an explanation. Falsification of your application for registration (including partial falsification and/or giving information that is misleading) constitutes grounds for IMMEDIATE DENIAL of your application to obtain a Mississippi Pharmacy Technician registration. Background checks are Nationwide and consistently reveal information not contained in local background checks. If denied issuance for any reason, you will not be allowed to reapply for one (1) year following denial. Also, in some cases, you may be restricted from ever reapplying with the MS Board of Pharmacy for Registration as a Pharmacy Technician.

Address

6360 I-55 North  
Suite 400  
Jackson, MS 39211  
Office: 601-899-8880  
Fax: 601-899-8851

# MISSISSIPPI BOARD OF PHARMACY



## APPLICATION - NEW PHARMACY TECHNICIAN REGISTRATION

*If issued in the first half of the annual registration period (April 1 – September 30), the registration will expire at the end of the current registration period. If issued in the second half of the registration period (October 1 – March 31), the registration will be valid through the next registration period. See back of card for expiration date.*

**(non-refundable fees) REGISTRATION FEE - - \$50.00/BACKGROUND FEE--\$40.00**

Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Date of Birth: **MUST BE 18 YOA** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mailing Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 County: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ONLY** passport size and quality photo required here for identification purposes.

**The application will be returned without the proper type photo supplied.**

Place of Employment: \_\_\_\_\_  
 (Name of Business)  
 Address (Line 1): \_\_\_\_\_  
 Address (Line 2): \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Office Telephone: \_\_\_\_\_

Are you known by any other name(s)? \_\_\_\_\_

- \***CERTIFIED:** (CIRCLE) YES NO IF YES, PROOF MUST BE PROVIDED. EXP. DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- \***DATE OF HIGH SCHOOL GRADUATION OR GED :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MUST PROVIDE PROOF WITH THIS APPLICATION
- \***TECHNICIANS MUST NOTIFY THE BOARD IN WRITING WITHIN TEN DAYS OF CHANGE OF EMPLOYMENT OR ADDRESS.**
- \***Applicants MUST be certified by successful completion of the PTCB or ExCPT exam AND provide a COPY OF THE CERTIFICATE before first renewal. No exceptions.**

I have read the Pharmacy Technician Regulations of the MBOP and acknowledge this by my signature:

Signature: \_\_\_\_\_  
 Name Printed or Typed: \_\_\_\_\_  
 Date: \_\_\_\_\_

**OFFICE USE ONLY**

ENTERED BY: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

# MISSISSIPPI BOARD OF PHARMACY

## Affidavit Questionnaire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Name or Nickname: \_\_\_\_\_

**This form, completed and signed, will be maintained in your permanent file in the office of the Mississippi Board of Pharmacy. Any answers, explanations, or omissions found to be false or deceptive will result in the Board denying issuance of or permanent revocation of your license/registration in the State of Mississippi.**

Answer YES or NO to the following questions. Any question answered YES must have a full and complete explanation attached. THESE ANSWERS WILL BE VERIFIED.

1. Have you ever held a license/registration in any other profession? \_\_\_ Yes \_\_\_ No
2. Was that license/registration ever surrendered, resigned, canceled, or denied reissuance? \_\_\_ Yes \_\_\_ No
3. Have you ever been licensed or registered under any other name by any Board or licensing authority? \_\_\_ Yes \_\_\_ No
4. Has action of any type ever been taken against any license/registration? \_\_\_ Yes \_\_\_ No
5. Have you ever failed to pass any state board or national board examination? \_\_\_ Yes \_\_\_ No
6. Have you **ever** been arrested? \_\_\_ Yes \_\_\_ No
7. What were the results of that arrest(s)? Explain on attached page as required above.
8. Do you have any felony or misdemeanor charges pending against you? \_\_\_ Yes \_\_\_ No
9. Have you ever been charged with and/or convicted of a felony or misdemeanor? \_\_\_ Yes \_\_\_ No
10. Have you ever used controlled substances or prescription drugs recreationally or without a valid prescription? \_\_\_ Yes \_\_\_ No
11. Have you ever received inpatient or outpatient treatment for alcohol or drug abuse? \_\_\_ Yes \_\_\_ No

**IMPORTANT: If you have EVER been arrested, you MUST answer YES on the questionnaire and include an explanation. Falsification of your application for registration (including partial falsification and/or giving information that is misleading) constitutes grounds for IMMEDIATE DENIAL of your application to obtain a license/registration with the Board of Pharmacy. Background checks are Nationwide and consistently reveal information not contained in local background checks.**

## AFFIDAVIT OF APPLICANT

I, the above-named applicant, state, under oath, that I am the person referred to in this questionnaire and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this questionnaire constitutes grounds for the Mississippi Board of Pharmacy to refuse to issue or renew, suspend, restrict, revoke or take other disciplinary action against my license/registration in the State of Mississippi. I understand that if I am issued a license/registration, failure to comply with the laws or regulations governing the practice of pharmacy of this state, or any other state, will be cause for disciplinary action by the Mississippi Board of Pharmacy.

Further, that I give my consent for the release to the Mississippi Board of Pharmacy of any and all records or any other information which may relate to the above questions or my practice from any source or jurisdiction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(seal)

Notary Public

My Commission Expires \_\_\_\_\_

**MISSISSIPPI STATE BOARD OF PHARMACY  
PHARMACY TECHNICIAN (PT) APPLICATION QUESTIONNAIRE**

1. All requirements for registration and the responsibilities of a pharmacy technician PT can be found in ARTICLE \_\_\_\_\_ of the Pharmacy Practice Regulations and at our website at [www.mbp.state.ms.us](http://www.mbp.state.ms.us).
2. Every person who is applying for registration as a pharmacy technician in this state after April 1, 2011, must provide proof of \_\_\_\_\_ upon renewal of their registration.
3. Every PT shall renew his/her registration on an \_\_\_\_\_ basis and such registration shall become null and void after \_\_\_\_\_ (date) of each year.
4. It has been determined that a limit of \_\_\_\_\_ pharmacy technicians performing work directly related to the dispensing of medications are sufficient for each pharmacist on duty.
5. List at least 4 of the 7 listed activities that a PT shall not perform as found in ARTICLE XL, paragraph 4 of the regulations.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
6. List at least 4 approved tasks that a PT can perform under the direct supervision of a pharmacist.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
7. Each registered PT shall notify the Board in writing within \_\_\_\_\_ days of change of employment, job status, or a change of address.
8. As of April 1, 2011, all new applicants must be certified by successful completion of the PTCB or ExCPT exam AND provide a copy of the certificate before their first renewal. True \_\_\_\_\_ False \_\_\_\_\_

I certify that I have read ARTICLE XL, PHARMACY TECHNICIANS, of the Pharmacy Practice Regulations of the Mississippi Board of Pharmacy and understand my responsibilities as set forth \_\_\_\_\_  
(Signature of Applicant)

**ALL APPLICANTS MUST COMPLETE THE ABOVE QUESTIONNAIRE AND RETURN IT WITH THE OFFICIAL APPLICATION AND APPROPRIATE FEES PAYABLE BY MONEY ORDERS OR BUSINESS CHECKS ONLY, NO PERSONAL CHECKS WILL BE ACCEPTED.**

# **MISSISSIPPI BOARD OF PHARMACY**

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PER FBI REQUEST, DO NOT RETURN COMPLETED FINGERPRINT CARD TO APPLICANT

## **FINGERPRINT VERIFICATION** **MUST BE COMPLETED BY PERSON TAKING FINGERPRINTS**

The enclosed fingerprint card contains the prints of the following individual:

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(Applicant Name)

and were taken by:

Official's Name Printed: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Individual fingerprinted was identified by:

\_\_\_\_\_ Driver's License Photo

\_\_\_\_\_ Other Photo Identification (list type) \_\_\_\_\_

\_\_\_\_\_ Person is known personally to me

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**THE PERSON TAKING THE PRINTS SHOULD PLACE THIS VERIFICATION FORM AND FINGERPRINT CARD, ALONG WITH THE COMPLETED APPLICATION, IN A POSTAGE PAID ENVELOPE (supplied by applicant) AND RETURN IT TO THE MISSISSIPPI BOARD OF PHARMACY.**

## ARTICLE XL PHARMACY TECHNICIANS

### 1. INTRODUCTION

Section 73-21-83, paragraph (2), Mississippi Code of 1972, Annotated, specifies that a license to practice pharmacy shall be obtained by all persons prior to their engaging in the practice of pharmacy. The "Practice of pharmacy" shall mean a health care service that includes, but is not limited to, the compounding, dispensing, and labeling of drugs or devices; interpreting and evaluating prescriptions; administering and distributing drugs and devices; maintaining prescription drug records; advising and consulting concerning therapeutic values, content, hazards and uses of drugs and devices; initiating or modifying of drug therapy in accordance with written guidelines or protocols previously established and approved by the Board; selecting drugs; participating in drug utilization reviews; storing prescription drugs and devices; ordering lab work in accordance with written guidelines or protocols as defined by Section 73-21-73, paragraph (II), Mississippi Code of 1972, Annotated; providing pharmacotherapeutic consultations; supervising supportive personnel and such other acts, services, operations or transactions necessary or incidental to the conduct of the foregoing.

The only other persons who may perform the above tasks other than a licensed pharmacist, and then only under the direct supervision of a pharmacist, are the following:

- A. A pharmacy intern; and
- B. A pharmacy extern.

### 2. PHARMACY TECHNICIAN REGISTRATION

Every person who intends to serve as a pharmacy technician must obtain a pharmacy technician registration from the Board. To obtain a pharmacy technician registration the applicant shall meet the following conditions for each Pharmacy Technician Registration issued after April 1, 2011:

- A. Have attained eighteen (18) years of age;
- B. Be a high school graduate or hold GED equivalent and furnish copy of such certificate to the Board;
- C. Be of good moral character as evidenced by having undergone and successfully passed a criminal background check conducted by the Board;
- D. Have submitted a written application including a passport quality photo on a form(s) prescribed by the Board;
- E. Have paid the initial registration fee not to exceed one-hundred dollars (\$100.00); and
- F. Have paid all fees associated with the criminal background check;

No Pharmacist whose license has been denied, Revoked, Suspended, or restricted for disciplinary reasons shall be eligible to be registered as a Pharmacy Technician.

### 3. PHARMACY TECHNICIAN REGISTRATION RENEWAL

Each pharmacy technician shall renew his/her registration annually. To renew his/her registration, a technician shall:

- A. Submit an application on the form prescribed by the Board;
- B. Pay a renewal fee not to exceed one-hundred dollars (\$100.00) for the registration period April 1, 2011 through March 31, 2012 and annually thereafter;
- C. Have successfully passed the Pharmacy Technician Certification Board Exam or a Pharmacy Technician exam approved by the Board if the registration was obtained after April 1, 2011. This Certification must be maintained as specified or required by the examining authority; and
- D. If the registration was obtained after April 1, 2011, provide proof of a current approved certification.

Any pharmacy technician registration that has not been renewed by March 31 of each registration period becomes null and void after that date. The pharmacy technician shall not perform any pharmacy technician duties in the pharmacy dispensing or drug storage area until such time as the registration is renewed. Any Pharmacy technician renewal application postmarked after March 31 of the renewal period shall be returned and a fifty dollar (\$50) late renewal fee shall be assessed prior to renewal.

The pharmacist-in-charge shall validate all pharmacy technician registrations on or before March 31 of each year, assuring that all such registrations are current and in good standing.

### 4. PHARMACY TECHNICIAN RESPONSIBILITIES AND GUIDELINES

It has been determined by the Board that three (3) technicians on duty performing technician related work directly related to the dispensing of medications are sufficient for each licensed pharmacist on duty. Support personnel used solely for clerical duties such as filing prescriptions, delivery and general record keeping need not be included in the ratios of the functions performed by a pharmacy technician.

In order to adequately protect the public health, technicians shall not:

- A. Communicate, orally or in writing, any medical, therapeutic, clinical, or drug information or communicate any information recorded on a patient profile that requires professional judgment;
- B. Accept by oral communication a new prescription of any nature;
- C. Prepare a copy of a prescription or read a prescription to another person;
- D. Provide a prescription or medication to a patient without a pharmacist's verification as to the accuracy of the dispensed medication. For the purposes of this regulation, verification shall mean that the licensed pharmacist shall be aware of the patient's medication profile, Drug Utilization Review, computer overrides, and drug interactions as well as the accuracy of the selected medication and labeling;
- E. Counsel a patient on medications or perform a drug utilization review;
- F. Perform any task that requires the professional judgment of a pharmacist; or

- G. Perform any task that is in violation of any federal or state pharmacy or drug laws.

Persons registered with the Board as a pharmacy technician, under the direct supervision of a registered pharmacist may perform approved tasks as follows:

- A. Packing, pouring or placing in a container for dispensing, sale, distribution, transfer possession of, vending, or barter any drug, medicine, poison, or chemical which, under the laws of the United States or the State of Mississippi, may be sold or dispensed only on the prescription of a practitioner authorized by law to prescribe drugs, medicines, poisons, or chemicals. This shall also include the adding of water for reconstitution of oral antibiotic liquids.
- B. Affixing required labels upon any container of drugs, medicines, poisons, or chemicals sold or dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines, poisons, or chemicals.
- C. Taking from and replacing upon shelves in the prescription department of a pharmacy, drugs, medicines, chemicals, or poisons which are required by the law of the United States or the State of Mississippi to be sold or dispensed only on prescription of a practitioner authorized by law to prescribe them.
- D. Entering information into the pharmacy computer. The pharmacy technician shall not make any judgmental decisions, which could affect patient care. The final verification of prescription information entered into the computer shall be made by the supervising pharmacist who is then totally responsible for all aspects of the data and data entry.
- E. Obtaining prescriber authorization for prescription refills provided that nothing about the prescription is changed.
- F. Prepackaging and labeling of multi-dose and unit-dose packages of medication. The pharmacist must establish the procedures, including selection of containers, labels and lot numbers, and must check the finished task.
- G. Dose picking for unit dose cart fill for a hospital or for a nursing home patient.
- H. Checking and inspecting nursing units in a hospital or nursing home: Pharmacy technicians may check nursing units for proper medication storage and other related floor stock medication issues. Any related medication storage problems or concerns shall be documented and initialed by a pharmacist.
- I. Recording patient or medication information in electronic systems for later validation by the pharmacist.
- J. Bulk reconstitution of prefabricated non-injectable medication.
- K. Bulk compounding. This category may include such items as sterile bulk solutions for small-volume injectables, sterile irrigating solutions, products prepared in relatively large volume for internal or external use by patients, and reagents or other products for the pharmacy or other departments of a hospital.
- L. Preparation of parenteral products as follows:  
The pharmacy technician must follow guidelines established by the pharmacist as established by policy and procedures. Pharmacy technicians may perform functions involving reconstitution of single or multiple dosage units that are to be administered to a given patient as a unit. Pharmacy technicians may perform functions involving the addition of one manufacturer's single dose or multiple unit doses of the same



product to another manufacturer's prepared unit to be administered to a patient. The supervising pharmacist must verify the accuracy in all instances.

Pharmacy Technicians in an institutional setting may conduct patient medication histories without the direct supervision of a pharmacist. The institution must have policies and procedures and training protocols to govern such tasks.

Every person acting or serving as a pharmacy technician shall wear a name tag, while on duty, identifying him or her as such. When communicating by telephone, the pharmacy technician shall promptly identify him or her as such.

Pharmacy Technicians shall perform such duties as authorized by these regulations and perform other duties as assigned by the pharmacists.

Each technician registered by the Board shall notify the Board in writing within ten (10) days of change of employment or change of address. The notification shall contain his/her name, new mailing address, registration number, the name of the pharmacy where formerly employed, and the name of the pharmacy where currently employed or the current employment status. Failure to Notify the Board of any changes may result in disciplinary action by the Board.

In the dispensing of drugs from a pharmacy, it shall be the responsibility of the supervising pharmacist on duty to require that any technician under his/her supervision complies with this Article. Performance by pharmacy technicians of tasks outlined in paragraph 1., above shall constitute the practice of pharmacy without a license and is a violation of the Mississippi Pharmacy Practice Act.