

**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 \$77.00. 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.

Active-duty military or military spouses, if you are residing in Kansas or planning to reside in Kansas due to the assigned military station, please attach a copy of the relocation orders to Kansas to be exempt from the background check fee, initial, and renewal application fees.

IMPORTANT INFORMATION-Certification Exam, Continuing Education & Renewal

Technicians will be required to pass a technician certification exam before the first renewal or, if previously registered, at the time of application.

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.

Register for the NABP CPE monitor to track ACPE continuing education hours. If the hours are listed on your CPE Monitor, you do not need to submit your completion certificate to the Board; however, it is your responsibility to verify that all CE (including hours that are supposed to appear on the CPE Monitor) have been received by the Board. <https://nabp.pharmacy/programs/cpe-monitor/>

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 3-5 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 \$77.00
- Verification of passage of certification exam (if you've already taken it)
- Copy of license/registration in other jurisdictions or states (if applicable)
- 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.

**In accordance with K.S.A. 77-531(a)(3), Applicant consents to service via electronic mail. Service by electronic mail is complete upon transmission.

Yes No **Are you a member of the military or a military spouse requesting expedited review?**

If yes, please check one of the following and provide the requested documentation with the application:

- Current military servicemember – military ID
- Military spouse – military spouse ID
- Veteran with honorable discharge – military ID and DD-214

Yes No **Are you active-duty military or a military spouse relocating to Kansas?**

If yes, please provide a copy of the relocation orders to Kansas for waiver of application fees.

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

Yes No **Have you graduated from High School or a GED program?**

If you are currently enrolled in High School or a GED program, please provide a letter of good standing from your High School or GED program administrator

Yes No **Have you been hired as a pharmacy technician?**

If yes, please provide the pharmacy name and address: _____

Initials: _____	OFFICE USE ONLY		
Permit #: _____	Fee: \$ _____	Date: _____	Check #: _____



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REGISTRATION HISTORY INFORMATION

Provide a history of all pharmacy technician registrations or other healthcare registrations/licenses held in Kansas, other states, or jurisdictions. You will need to provide a copy of the registration or license.

I currently do not hold any pharmacy technician registrations or other healthcare registrations/licenses in Kansas, other states, or jurisdictions.

State	Registration Number	Licensing Board/Entity	License/Registration Classification	Discipline (Yes/No)	Registration Status (active/good standing, expired, suspended, etc)

DISCIPLINARY INFORMATION

WARNING: The following questions should be carefully reviewed. The Board may deny an application, limit/suspend/revoke a registration, or issue a fine against anyone that has obtained or attempted to obtain a registration by false or fraudulent means, including misrepresentation on an application (K.S.A. 65-1627). The law does not require this misrepresentation be made intentionally for the Board to take action. The Board contracts with the Kansas Bureau of Investigation to conduct a complete background check on each applicant. Personal history and disciplinary questions must be answered honestly on all applications to avoid negative consequences.

- Yes No 1. Has there been a denial of initial or renewal application, 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. Do you have any active criminal cases or criminal charges against you? You do not need to report minor traffic violations. For more information on what is a minor traffic violation, please visit www.pharmacy.ks.gov/licensing-registration/personal-history-reporting-resources
- Yes No 6. Have you been convicted of a crime within the past five years? "Convictions" include a suspended imposition of sentence or entering into a diversion agreement. You do not need to report minor traffic violations, juvenile cases, or convictions that were pardoned or expunged.
- Yes No 7. Have you been convicted (including suspended imposition of sentence or entered into a diversion agreement) of any of the following crimes? Crimes involving aggravated assault or aggravated battery, illicit substances (possession, distribution, manufacturing, etc.), driving while intoxicated, fraud, firearms, and theft of property or services valued over \$1,500. You do not need to report minor traffic violations, juvenile cases, or convictions that were pardoned or expunged.

If you answered YES to any of the above questions, please attach Form S-150: Personal History.



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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 or misrepresentation of the information on this form may constitute grounds for denial or revocation of the license.

I understand that practicing pharmacy impaired is a violation of the Kansas Pharmacy Practice Act. I acknowledge that impairment may include physical, mental, or behavioral health conditions, treated or untreated, that affect my ability to practice pharmacy in a competent, ethical, and professional manner. Finally, I understand that the Kansas Board of Pharmacy encourages me to seek help with any physical, mental, or behavioral health conditions.

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