

Pharmacy Technician Designations

Certified Designation: Pharmacist-in-Charge Training Statement

TECHNICIAN NAME	LAST	FIRST	MIDDLE	TECHNICIAN LICENSE NUMBER (if licensed) 049 - _____
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TECHNICIAN ADDRESS STREET, CITY, STATE, ZIP CODE	TECHNICIAN SOCIAL SECURITY NUMBER _____-_____-_____
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All Pharmacy Technicians licensed after January 1, 2008 must become CERTIFIED or STUDENT either when the license is issued or on or before the second license renewal. (225 ILCS 85/9)

To add the CERTIFIED designation to your Pharmacy Technician license, you must submit:

- Proof of passing an approved pharmacy technician exam (PTCB or ExCPT certificate) **AND**
- Proof of Education (Approved pharmacy technician program certificate/diploma or Pharmacist-in-Charge Training Statement)

I hereby authorize my pharmacist trainer to furnish to the Illinois Department of Financial and Professional Regulation the information requested below.

_____ Date

_____ Signature of Technician

The portion of the form below may be completed by your Pharmacist-in-Charge (Pharmacist Trainer) and provided to IDFPR as proof of education for Certified status. **PRINT CLEARLY**, illegible entries cannot be accepted.

My signature below certifies that:

I am the Pharmacist-in-Charge of _____ Pharmacy, located in _____,
Pharmacy Name Pharmacy State

license number _____.
Pharmacy License Number

I have supervised the training of _____.
Pharmacy Technician Full Name

This person has successfully completed training in all of the following topics as they relate to the practice site:

- 1) The duties and responsibilities of the technicians and pharmacists.
- 2) Tasks and technical skills, policies and procedures.
- 3) Compounding, packaging, labeling and storage.
- 4) Pharmaceutical and medical terminology.
- 5) Recordkeeping requirements.
- 6) The ability to perform and apply arithmetic calculations.

_____ Pharmacist-in-Charge Name

_____ Pharmacist license number

_____ Pharmacist-in-Charge Signature

Return to: Illinois Department of Financial and Professional Regulation
License Maintenance Unit
320 W. Washington
Springfield, IL 62786

Pharmacy Technician Designations

Student Designation: College of Pharmacy Statement

TECHNICIAN NAME	LAST	FIRST	MIDDLE	TECHNICIAN LICENSE NUMBER (if licensed) 049 - _____
TECHNICIAN ADDRESS STREET, CITY, STATE, ZIP CODE				TECHNICIAN SOCIAL SECURITY NUMBER _____-_____-_____

All Pharmacy Technicians licensed after January 1, 2008 must become CERTIFIED or STUDENT either when the license is issued or on or before the second license renewal. (225 ILCS 85/9)

To add the STUDENT designation to your Pharmacy Technician license, you must submit:

- Proof of your status as a Student in an approved College of Pharmacy **OR**
- Proof of your approval by the Illinois State Board of Pharmacy to begin 1,200 clinical hours of training.

I hereby authorize a school official to furnish to the Illinois Department of Financial and Professional Regulation the information requested below.

_____ Date _____ Signature of Technician

The portion of the form below must be completed by a school official of your College of Pharmacy and provided to IDFPR as proof of STUDENT status. **PRINT CLEARLY**, illegible entries cannot be accepted.

My signature below certifies that:

_____ is or was a student in the College of Pharmacy in the last 18 months.
Pharmacy Technician Full Name

He or she has not dropped out nor been expelled from the College of Pharmacy.

To the best of my knowledge, he or she has not failed any portion or combination of portions of the Pharmacist licensure examination three times or more.

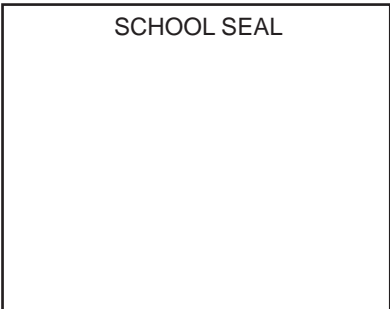
I am authorized by the College of Pharmacy and or Program Director to provide this information.

_____ Print Name of College of Pharmacy

_____ Print Name of School Official

_____ Print Title of School Official

_____ Signature of School Official and Date



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License Maintenance Unit
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Springfield, IL 62786