



Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007

Mailing Address: P.O. Box 18520, Phoenix, AZ 85005

P) 602-771-2727 F) 602-771-2749 www.azpharmacy.gov

Technician Trainee Reapply Application Requirements

Arizona Administrative Code currently allows technician trainees to reapply for licensure one time. If you have never been granted a reapply and your initial training license has not expired, you may submit a reapply application.

If your training license is expired, you do not qualify for a reapply.

Unexpired Technician Trainee Reapply Requirements

To qualify for a reapply, an unexpired technician trainee must submit a complete application and fee before their training license expires.

Technician trainees with UNEXPIRED licenses must submit the following:

1. A completed application and fee (see below).
2. Proof of legal residency. Please provide one (1) of the following:
 - An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
 - A driver license issued by a state that verifies lawful presence in the United States.
 - A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
 - A United States certificate of birth abroad.
 - A United States passport. ***Passport must be signed***
 - A foreign passport with a United States visa.
 - An I-94 form with a photograph.
 - A United States citizenship and immigration services employment authorization document or refugee travel document.
 - A United States certificate of naturalization.
 - A United States certificate of citizenship.
 - A tribal certificate of Indian blood.
 - A tribal or bureau of Indian affairs affidavit of birth.
 - Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.
3. Government-Issued Photo ID. If the document you submit to prove your legal residency does not contain a photograph, you must also provide a government issued document that contains your photograph. Please provide one (1) of the following:
 - Driver license
 - State ID
 - Passport or Passport Card
4. Documentation of any name changes. Acceptable documents include:
 - Marriage License
 - Divorce Decree (showing restoration of previous name)

□ Court Order

5. If applicable, court documentation relating to any arrests, charges, or convictions involving a misdemeanor or felony, even if the charge or conviction was later dismissed, expunged or set aside or your civil rights were restored. If records are unavailable, the Board will accept a letter from the appropriate court, on their letterhead, indicating that records are not available.
6. If applicable, documentation relating to any past, current or pending disciplinary action of any professional or occupational license. If records are unavailable, the Board will accept a letter from the related agency, on their letterhead, indicating that records are not available.
7. If applicable, documentation relating to the denial of any applications for professional or occupational licensure. If records are unavailable, the Board will accept a letter from the related agency, on their letterhead, indicating that records are not available.

The reapply fee is \$36.00. The fee may be paid by check or money order by mail or in person. The Board DOES NOT accept reapplications online. Application fees are NON-REFUNDABLE.

Only complete applications, with copies of all required documentation, are accepted at the Board office. Please bring copies of all required documentation with you if apply in person. Board staff will not make copies for you.



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FOR AGENCY USE ONLY

License No.		Fee		Check #		Receipt #	20
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Pharmacy Technician Trainee Reapply

You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

Applicant Information

1. Provide your legal name in the space below (First Middle Last)

2. **Residential Address**

Address _____ Unit/Apt. No. _____

City _____ County _____ State _____ Zip _____

3. **Mailing Address** Check if mailing address is the same as above

Address _____ Unit/Apt. No. _____

City _____ County _____ State _____ Zip _____

4. Phone Number _____ 5. Email Address _____

6. Social Security Number (Pursuant to A.R.S. § 25-320) _____

7. Date of Birth (mm/dd/yyyy) _____ 8. Gender Male Female

9. Have you ever been known by any other name? Yes No

If yes, list all other names or aliases, including maiden names. _____

10. Have you ever been licensed or certified to practice any other profession? Yes No

If yes, list the profession and the state or jurisdiction issuing the license. .

Profession _____ State or Jurisdiction _____

Profession _____ State or Jurisdiction _____

11. Are you currently employed in a pharmacy? If yes, provide the information below. Yes No

Name of Pharmacy _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

12. Are you currently enrolled in a pharmacy technician training program? If yes, provide the information below.
- Yes No
- Name of Program/School _____
- Street Address _____
- City _____ State _____ Zip _____
- Phone _____ Fax _____

Regulatory Questions

13. Has any formal disciplinary action, including but not limited to, censure, fine, suspension, probation, restriction of practice or revocation, ever been taken against your license or other professional certificate? If yes, attach full details, which must include the nature and date of each action and the state or jurisdiction involved. You must also provide a copy of the Order relating to the disciplinary action.
- Yes No
14. Do you have any disciplinary actions, sanctions or investigations pending against a professional license or certificate? If yes, attach full details.
- Yes No
15. Have you ever been refused or denied a license or certificate or renewal thereof to practice as a pharmacy technician trainee or any other profession in any state, territory, district or country? If yes, attach full details, which must include the type and date of application and the state or jurisdiction involved. You must also provide a copy of the Order or letter of denial.
- Yes No
16. Have you ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a felony or misdemeanor offense? (You must answer “yes” even if an arrest or conviction has been pardoned, expunged, set aside, dismissed or your civil rights have been restored.) If yes, attach full details, which must include the date, court, case number, state of prosecution and nature of the charge(s). You must also provide court documentation related to the case(s).
- Yes No
17. **Confidential question:** Do you currently use or are you addicted to alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic to such an extent that your ability to safely practice as a pharmacy technician trainee is impaired? If yes, please provide a detailed description of your use or addiction, including treatment received (dates, names of programs, names of treating physicians).
- Yes No
18. **Confidential question:** Do you currently suffer from a physical, mental, emotional, or nervous disorder or condition that impairs your ability to practice safely as a pharmacy technician trainee? If yes, please provide additional information, including a detailed description of the disorder or condition and the name and contact information for all current treatment providers and for all monitoring or support programs in which you are currently participating.
- Yes No

Arizona Statement of Citizenship and Alien Status for Public Benefits

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law. Please see the technician trainee instructions (proof of legal residency) for the list of acceptable documentation.

19. Citizenship or National Status Declaration

Are you a citizen or national of the United States? Yes No

If yes, indicate place of birth:

City: _____ State (or equivalent): _____

Country or Territory: _____

If you answered no, indicate your status by checking the appropriate box below.

Alien Status Declaration

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the technician trainee instructions (proof of legal residency) or other document as evidence of your status.

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
2. An alien who is granted asylum under Section 208 of the INA.
3. A refugee admitted to the United States under Section 207 of the INA.
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA.
6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
7. An alien who is a Cuban/Haitian entrant.
8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.
PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

Declarations

- 20.
 - a. I hereby give my permission for the Arizona State Board of Pharmacy to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
 - b. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
 - c. I will notify the Board in writing within 10 working days if charged with a misdemeanor or felony involving conduct that is in violation of A.R.S. § 32-1901.01 (Unethical and Unprofessional Conduct).
 - d. I have included the required fee for this technician trainee license. I understand this fee is non-refundable.
 - e. I intend to practice my profession in pharmacy in keeping with the spirit and the letter of the Pharmacy Act of Arizona and all the laws and rules enacted henceforth.
 - f. I certify that I have read and answered all the questions on this application.

- 21. I state and depose that all facts, statements and answers provided in this application and its attachments are true and correct; I am not omitting any information that may be of value to this Board in determining my qualifications; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient grounds upon which to deny my application for licensure and shall serve as sufficient grounds for the revocation, cancellation, or suspension of my license in pharmacy if it is not discovered until after issuance. A.R.S. § 32-1267.

Signature

Date

Please be advised of the following pursuant to Arizona Revised Statutes (A.R.S.) § 41-1030:

- | | |
|----------------------|---|
| A.R.S. § 41-1030 (B) | An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. |
| A.R.S. § 41-1030 (D) | This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. |
| A.R.S. § 41-1030 (E) | A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. |
| A.R.S. § 41-1030 (F) | This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02. |