



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Board of Registration in Pharmacy
 Bureau of Health Professions Licensure
 239 Causeway Street, Suite 500, Boston, MA 02114

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

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MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

PHARMACY TECHNICIAN IN TRAINING – APPLICATION FOR LICENSURE

Receipt # _____ Date _____
 License # _____ Date Approved _____

Social Security Number _____ - _____ - _____

Pursuant to M.G.L. c. 62C, § 47A, the Division of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (M.G.L. c. 62C, § 47A) and child support laws (M.G.L. c. 119A, § 16).

First Name		Last Name	
Date of Birth [mm/dd/yyyy]		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Height _____ (FT) _____ (IN)		Eye Color _____	
Street Address			
City		State	Zip
Phone		Email	

EDUCATION

Name of High School	City, State, and Zip
Graduation date (if applicable)	

OR

Name of High School equivalency program (such as GED)	City, State, and Zip
Program complete/graduation date	

VERIFICATION OF OTHER LICENSES/BOARD REGISTRATIONS

Identify ALL professional licenses, registrations, and certifications, including professions other than pharmacy technician, whether or not you have practiced under that license, registration, or certification.

NOTE: Applicants must obtain official verification of each professional license, registration, and certification from each state or jurisdiction and submit same with this application.

I do not currently hold, and have never held, a professional license, registration, or certification in any state or jurisdiction.

I currently hold, or have held in the past, a professional license, registration, or certification as follows:

State	License, Registration, or Certification Number	Date Licensed Issued	Current status of license

REQUIRED PHOTOGRAPH

All applicants must submit a recent passport-size photo revealing the applicant's likeness. Please print your name on the back of the photo.

GOOD MORAL CHARACTER

Answer each of the questions listed below. If you answer "yes" to any question below, please attach a personal statement of explanation. A certified copy of any conviction (No. 5) must also be included with your personal statement.

1. Has any disciplinary action been taken against you by a licensing or certification board in the United States or any country or foreign jurisdiction? YES NO
2. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction? YES NO
3. Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or any country of foreign jurisdiction? YES NO
4. Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? YES NO
5. Have you ever been arrested, charged, arraigned, indicted, prosecuted, or convicted in relation to any felony or misdemeanor charge? YES NO
6. Have you ever been the subject of any investigation or court proceeding in relation to any felony or misdemeanor charge? YES NO

If you have answered yes to any of the questions above, please attach a typewritten 8 ½ by 11 sheet(s) of paper which provides dates and details describing the circumstances related to the matters; provide certified copies of court documents of any convictions (defined as any plea that is accepted by the court); and complete a Criminal Offender Record Information Request (CORI) Form attached at the back of this application.

(Note: Conviction of a crime does not necessarily bar licensure; however, failure to disclose may result in denial of application or other disciplinary action by the Board.)

By my signature below, I certify under the pains and penalties of perjury, that:

1. I am the applicant named in this application and pictured in the attached photograph.
2. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Registration in Pharmacy to deny this application and/or revoke the right to function as a Pharmacy Technician in Training, in accordance with Massachusetts law.
3. I understand that the Massachusetts Board of Registration in Pharmacy has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial licensure as a pharmacy technician trainee, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.
4. I understand that this application is void if requirements are not met within one year from the date of receipt.
5. I am responsible for reading, understanding, and abiding by the laws and regulations governing the practice of pharmacy, including M.G.L. c. 94C, M.G.L. c. 112, §§ 24 – 42D, and 247 CMR 2.00 *et seq.*
6. Pursuant to M.G.L. c. 62C, § 49A, to the best of knowledge and belief, I have filed all Massachusetts state income tax returns and paid all taxes required by law.

Applicant's Signature _____ Date _____

Print Name _____

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CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Board of Registration in Pharmacy is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified license applicants and current licensees.

As a prospective or current license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Systems (DCJIS). I hereby acknowledge and provide permission to the Board of Registration in Pharmacy to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

I also understand that the Board of Registration in Pharmacy may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

NOTE: The Board of Registration in Pharmacy cannot accept this form unless it is either (1) signed in person at the Board's offices in the presence of a DHPL employee who has verified the applicant's identity through acceptable identification, or (2) signed in the presence of a notary public who has likewise verified identity and then mailed or hand-delivered to the Board's offices at the address set forth above.

CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth _____
Place of Birth

Last Six Digits of Your Social Security Number: _____ - _____

Sex: ____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Name (Mother's Maiden Name) _____
Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The identity of the subject of this acknowledgement form was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____ ON _____
Name of Verifying DHPL Employee or Notary Public (Please Print) Date

Signature of Verifying DHPL Employee or Notary Public