

Employer-Based Technician Training Program for all Florida Pharmacies

Did You Know?

The FPA has made it easy for you to file for approval for your employer-based training program with the Board for approval. Once approved you can enroll your technicians in the comprehensive training modules. The cost per technician is \$339. Technicians who join the FPA as members only pay \$299. It should take about 160 hours for your technician to complete the program.

Florida Pharmacy Association
610 North Adams Street
Tallahassee, Florida
Phone: 850-222-2400
Email: fpa@pharmview.com



The Florida Pharmacy Association, partnering with Aztec Software, is pleased to present a web-based employer based technician training program for Florida pharmacies. Florida Statutes 465.014 requires pharmacy technicians to register with the Florida Department of Health. To be eligible for registration technicians must complete a Board approved training program as defined under rule 64B16-26.351. All employer-based technician training programs must be approved by the Florida Board of Pharmacy. The FPA is offering assistance to pharmacies in their efforts to get their training programs approved. Simply follow the steps published on the FPA web site in the "Education and Events" menu item under "Technician Training Program" where the program's information is published. There is no cost to apply to the Board.

Send us your contact information, and we will be happy to help!

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Pharmacy name: _____

Employer Based Technician Training Program Registration Form



Once your employer-based pharmacy technician training program has been approved by the Florida Board of Pharmacy you can begin to register your technician student candidate. Registration fees for technician candidates who are not members of the Florida Pharmacy Association are \$339 per technician. Technician candidates holding membership in the FPA only pay \$299. Use our online form or print this application and mail it to Florida Pharmacy Association, 610 North Adams Street, Tallahassee, Florida 32301

Technician Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number (Personal): _____

Phone Number (Pharmacy): _____

Fax Number: _____

Technician Email: _____

Name of Pharmacy: _____

RTTP Number: _____

Supervising Pharmacist Email: _____

Name of Supervising Pharmacist: _____

Payment Information

Check is enclosed (please make payable to the Florida Pharmacy Association)

Check one: Non-Member Technician (\$339) Member Technician (\$299)

Please note that all credit card payments can be made online, if you need assistance please call 850- 222- 2400