DIVISION OF MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292

Board of Pharmacy

Application for Registered Pharmacy Technician Training Programs

October 2013

Updated February 2026

Dear Florida Registered Pharmacy Technician Training Program Applicant,

Thank you for applying to become a Board of Pharmacy approved registered pharmacy technician training program in the State of Florida. The information in this packet has been designed to provide the essential information required to process your application in a timely manner. Your assistance in providing all required information will enable the Florida Board of Pharmacy (the board) staff to process your application as soon as possible. You are encouraged to apply as early as possible, to avoid delays due to a large volume of applicants.

Florida Statutes require a completed application before your application can be reviewed. You should use the enclosed checklist to ensure that all sections of the application are complete and that the required forms are submitted. Please read these instructions carefully and fully before submitting the application. You should keep a copy of the completed application and all other materials sent to the board office for your records. When you mail the completed application, use the address noted in the instructions and on the application form. You will receive a letter acknowledging receipt of your application. The staff will notify you within 30 days if any materials are incomplete.

If you need to communicate with the board staff, you are encouraged to email the board staff at info@floridaspharmacy.gov, or you may call us at (850) 245-4292. Phone calls are returned within 24 hours and emails are responded to within 48 hours during normal business hours. Our staff is committed to providing prompt and reliable information to our customers. Many procedures have been streamlined to expedite the processing of applications; we certainly welcome your comments on how our services may be improved.

Sincerely,

The Board of Pharmacy

Please submit the following to the Florida Board of Pharmacy:
P.O. Box 6320, Tallahassee, FL 32314-6320

Please note: Pursuant to the provisions set forth in Rule 64B16-26.351, FAC, the following programs are approved Registered Pharmacy Technician Training Programs and do not require application to the Board of Pharmacy:

1. Pharmacy technician training programs accredited on or before January 1, 2011 **by the American Society of Health-System Pharmacists (ASHP)**

2. Pharmacy technician training programs at institutions accredited on or before January 1, 2011 **by the Southern Association of Colleges and Schools (SACS)**

3. Pharmacy technician training programs approved on or before January 1, 2011 **by the Florida Commission for Independent Education (CIE)**

4. Pharmacy technician training programs provided by a **branch of the federal armed services** on or before January 1, 2011

5. Pharmacy technician training programs at institutions accredited on or before January 1, 2011 by the **Council on Occupational Education (COE)**

Application Processing

Please read all application instructions before completing your application.

Within 7-14 days of receipt of your application, the board office will notify you of the receipt of your application, any required documents, and your status. All sections must be **completed in full**. Failure to submit a complete application will result in a delay of processing. If you provide false information, the board may deny your application for registration. In order to complete your application, please return the following with your application:

APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to submit required documentation to the Board will result in an incomplete application. Faxed applications will not be accepted.

Non-Employer Based Programs (Complete questions 1-6 and Section I)

_____ **Evidence of licensure by the Florida Commission for Independent Education or equivalent licensing authority of another state or be within the public school system of the State of Florida**

_____ **Sample Transcript and Sample Diploma**

_____ **Copy of curriculum, catalog or other course descriptions**

_____ **Copy of Faculty Credentials (job description, resume or curriculum vitae)**

Employer Based Programs (Complete questions 1-6 and Section II)

_____ **Copy of Faculty Credentials (job description, resume or curriculum vitae)**

_____ **Copy of curriculum, catalog or other course descriptions**

_____ **Sample evaluation to be filled out by participants at completion of program**

BOARD OF PHARMACY
P.O. BOX 6320 • TALLAHASSEE, FLORIDA 32314
PHONE: (850) 245-4292 www.floridaspharmacy.gov

APPLICATION FOR REGISTERED PHARMACY TECHNICIAN TRAINING PROGRAMS

Check the application types you are applying:

( ) Non-Employer Based Registered Pharmacy Technician Training Program
Complete questions 1-6 and Section I.

(X) Employer Based Registered Pharmacy Technician Training Program
Complete questions 1-6 and Section II.

1. List Full Corporate or Legal Name of Business Entity			
2. List the Name of the Owner or Director			
3. List Mailing Address			
City	**State**		**Zip Code**
4. List Site Address			**Telephone Number**
City	**State**	**Zip Code**	**County**
List E-Mail Address (Optional)		**List Fax Number (Optional)**	
5. Who should the Board contact with questions regarding this application?			
Name (Last, First)			
Address			**Telephone Number**
City	**State**		**Zip Code**
E-Mail Address (Optional)		**Fax Number (Optional)**	
6. List the name and title of the administrative authority/authorities of the training program.			
Name (Last, First)		**Position/Title**	
Shields, Julie		President & CEO Aztec	
Malesic, Christian		CEO/EVP,Florida Pharmacy Association	

SECTION I: NON-EMPLOYER BASED TRAINING PROGRAMS

7. Please attach evidence of licensure by the Florida Department of Education, equivalent licensing

authority of another state or that you are within the public school system of the State of Florida and the sample transcript and sample diploma.
8. Please attach a copy of program curriculum, catalog or other course descriptions. Indicate what percentage (%) of the following subject matter is included in the training program:

_____ Introduction to pharmacy and health care systems	**_____Records management and inventory control**
_____Pharmacy law	**_____Interpersonal relations, communications, and ethics**
_____Pharmaceutical-medical terminology, abbreviations, and symbols	**_____Pharmaceutical calculations**
	_____Other

9. List names of faculty that will be utilized for each educational activity of the training program. Provide evidence of academic preparation or experience in the subject matter (Attach copy of job description, resume or curriculum vitae). Use additional sheets if needed.

Name (Last, First)	Position/Title

10. Has a licensed pharmacist or registered pharmacy technician with expertise in pharmacy technician practice been involved in the planning and instruction of this training program?

Yes _____ No _____	If yes, please indicate the individual name(s) and license number(s): _____ _____ _____

Please Note: The following section is to be completed by Employer Based Training Programs Only

SECTION II: EMPLOYER BASED TRAINING PROGRAMS

11. Please attach a copy of program curriculum, catalog or other course descriptions. Indicate what percentage (%) of the following subject matter is included in the training program:

6 Introduction to pharmacy and health care systems	**6 Records management and inventory control**
6 Pharmacy law	**5 Interpersonal relations, communications, and ethics**
33 Pharmaceutical-medical terminology, abbreviations, and symbols	**29 Pharmaceutical calculations**
	15 Other Aseptic Technique

12. Indicate the number of hours of training that is intended to be offered and length of training period.
Number of hours of training 240 Length of training period 4 to 6 months

13. List names of faculty that will be utilized for each educational activity of the training program. Provide evidence of academic preparation or experience in the subject matter (Attach copy of job description, resume or curriculum vitae). Use additional sheets if needed.

Name (Last, First)	Position/Title
Shields, Julie	President & CEO Aztec
Christian, Malesic	Florida Pharmacy Association CEO/EVP

14. Has a licensed pharmacist or registered pharmacy technician with expertise in pharmacy technician practice been involved in the planning and instruction of this training program?

Yes _____ No _____	If yes, please indicate the individual name(s) and license number(s):
15. If the program offering includes clinical practice training in Florida, will a licensed pharmacist competent in the practice area provide supervision?	
Yes X No _____	If no, please explain.
16. For self-directed learning experience, please indicate the minimum number of questions to be utilized to evaluate the participant knowledge at the completion of the learning experience. Also indicate the minimum score allowed in order to receive the certificate of completion.	
Minimum number of evaluation questions 100	Minimum score allowed 70%
17. Describe the course materials that will be provided to each student.	
Please see attached	
18. Are program participants given an opportunity to evaluate learning experiences, instructional methods, facilities and resources used for the offering?	
Yes X No _____	If yes, please provide a sample of this evaluation. If no, please explain.
19. Has the provider established written policies and procedures for implementation of this training program?	
Yes X No _____	If no, please explain.
20. Has the applicant established a maintenance system of record-keeping which provides for storage of program information?	
Yes X No _____	If no, please explain.
21. Are records of programs maintained for three years?	
Yes X No _____	If no, please explain.
22. Does the applicant provide a certificate of completion to each participant?	
Yes X No _____	If yes, provide a sample of certificate of completion. If no, please explain.

I understand that the information provided as part of this application is accurate, and that, if approved I agree to abide by the requirements set forth in the rules established by the Board of Pharmacy in Chapter 64B16-26.351, F.A.C., for all Board approved Registered Pharmacy Technician Training Programs.

_____ _____

Signature Owner/Director Date

64B16-26.351 Standards for Approval of Registered Pharmacy Technician Training Programs.

(1) The following programs are approved Registered Pharmacy Technician Training programs:

(a) Pharmacy technician training programs accredited, on or before January 1, 2011 by the American Society of Health-System Pharmacists,

(b) Pharmacy technician training programs at institutions accredited, on or before January 1, 2011 by the Southern Association of Colleges and Schools,

(c) Pharmacy technician training programs approved on or before January 1, 2011 by the Florida Commission for Independent Education,

(d) Pharmacy technician training programs provided by a branch of the federal armed services on or before January 1, 2011.

(e) Pharmacy technician training programs at institutions accredited on or before January 1, 2011 by the Council on Occupational Education.

(2) All programs not listed in paragraphs (1)(a) through (e) and which are not employer based programs, must:

(a) Meet the requirements of and be licensed by the Commission for Independent Education pursuant to Chapter 1005, F.S., or the equivalent licensing authority of another state or be within the public school system of the State of Florida; and:

(b) Offer a course of study that includes classroom study and clinical instruction that includes the following:

1. Introduction to pharmacy and health care systems:
a. Confidentiality,
b. Patient rights and Health Insurance Portability and Accountability Act (HIPAA),
2. Pharmacy law:
a. Federal law,
b. Florida State law,
c. Florida State rules,
d. Pharmacy technician Florida rules and law,
3. Pharmaceutical – medical terminology, abbreviations, and symbols:
a. Medication safety and error prevention,
b. Prescriptions and medication orders,
4. Records management and inventory control:
a. Pharmaceutical supplies,
b. Medication labeling,
c. Medication packaging and storage,
d. Controlled substances,
e. Adjudication and billing,
5. Interpersonal relations, communications, and ethics:
a. Diversity of communications,
b. Empathetic communications,
c. Ethics governing pharmacy practice,
d. Patient and caregiver communication,
6. Pharmaceutical calculations.

(c) Apply directly to the Board of Pharmacy on approved form DH-MQA 1239 “Board of Pharmacy Application for Registered Pharmacy Technician Training Programs,” effective December 2010, https://www.flrules.org/gateway/reference.asp?NO=Ref-00717, which is hereby incorporated by reference. To obtain an application, contact the Board of Pharmacy at 4052 Bald Cypress Way, Bin #C04, Tallahassee, FL 32399-3254, or (850) 488-0595, or download the application from the board’s website at http//:www.doh.state.fl.us/mqa/pharmacy and provide the following information:

1. Sample transcript and diploma;
2. Copy of curriculum, catalog or other course descriptions; and
3. Faculty credentials.

(d) Use materials and methods that demonstrate that:

1. Learning experiences and teaching methods convey the content stated above.
2. Time allocated for each participant shall be sufficient to meet the objectives of each activity.

3. Principles of adult education are utilized in determining teaching strategies and learning activities.

(e) Demonstrate that the faculty is qualified to teach the subject-matter by complying with the following:

1. The program shall provide evidence of academic preparation or experience in the subject matter by submitting a job description, resume or curriculum vitae which describes the faculty member's work experience and level of academic preparation.

2. When the subject matter of an offering includes pharmacy technician practice, a licensed pharmacist or registered pharmacy technician with expertise in the content area must be involved in the planning and instruction.

3. Pharmacy technician faculty supervising learning experiences in a clinical area in this State shall be licensed or registered.

(3) All other training programs must be employer based. Any pharmacy technician training program sponsored by a Florida permitted pharmacy or affiliated group of pharmacies under common ownership, must contain a minimum of 160 hours of training, that extends over a period not to exceed 6 months; is provided solely to employees of said pharmacy or affiliated group; and has been approved by the Board. An application for approval of a Registered Pharmacy Technician Training Program shall be made on Board of Pharmacy approved form DH-MQA 1239 "Board of Pharmacy Application for Registered Pharmacy Technician Training Programs," effective December 2010. The applicant must attach to the application copy of curriculum, catalog or other course description. All employer based programs must:

(a) Offer a course of study that includes a classroom study and clinical instruction that includes the following:

1. Introduction to pharmacy and health care systems:

a. Confidentiality,

b. Patient rights and Health Insurance Portability and Accountability Act (HIPAA).

2. Pharmacy law:

a. Federal law,

b. Florida State law,

c. Florida State rules,

d. Pharmacy technician Florida rules and law.

3. Pharmaceutical-medical terminology, abbreviations, and symbols:

a. Medication safety and error prevention,

b. Prescriptions and medication orders.

4. Records management and inventory control:

a. Pharmaceutical supplies,

b. Medication labeling,

c. Medication packaging and storage,

d. Controlled substances,

e. Adjudication and billing.

5. Interpersonal relations, communications, and ethics:

a. Diversity of communications,

b. Empathetic communications,

c. Ethics governing pharmacy practice,

d. Patient and caregiver communication.

6. Pharmaceutical calculations.

(b) Use materials and methods that demonstrate that:

1. Learning experiences and teaching methods convey the content stated above.

2. Time allocated for each participant shall be sufficient to meet the objectives of each activity.

3. Principles of adult education are utilized in determining teaching strategies and learning activities.

(c) Demonstrate that the faculty is qualified to teach the subject matter by complying with the following:

1. The program shall provide evidence of academic preparation or experience in the subject matter by submitting a job description, resume or curriculum vitae which describes the faculty member's work experience and level of academic preparation.

2. When the subject matter of an offering includes pharmacy technician practice, a licensed pharmacist or registered pharmacy technician with expertise in the content area must be involved in the planning and instruction.

3. Pharmacy technician faculty supervising learning experiences in a clinical area in this State shall be licensed or registered.

4. When an offering includes clinical practice training in Florida, a Florida licensed pharmacist competent in the practice area shall provide supervision.

(d) Give participants an opportunity to evaluate learning experiences, instructional methods, facilities and resources used for the offering. To ensure participants will be given an opportunity to evaluate the program, the applicant must submit a sample evaluation to be reviewed by the Board.

(e) Ensure that self-directed learning experiences, including but not limited to home study, computer programs, internet or web-based courses evaluate participant knowledge at the completion of the learning experience. The evaluation must include a minimum of 100 questions. The participant must achieve a minimum score of 70% on the evaluation to receive the certificate of completion. The evaluation must be graded by the provider.

(f) Designate a person to assume responsibility for registered pharmacy technician training program. If the contact person is not a licensed pharmacist or registered pharmacy technician, provision should be made for insuring licensed pharmacist or registered pharmacy technician input in overall program planning and evaluation.

(g) Establish written policies and procedures for implementation of the registered pharmacy technician training program.

(h) Maintain a system of record-keeping which provides for storage of program information.

(i) Maintain program records for a period not less than three years during which time the records must be available for inspection by the board or department.

(j) Furnish each participant with an authenticated individual Certificate of Completion.

Rulemaking Authority 465.014 FS. Law Implemented 465.014 FS. History–New 6-23-10, Amended 11-17-11.