



PTCE Preparation Attestation Form

After four PTCE attempts, candidates may submit this attestation form as an acceptable preparation activity for PTCB's review and approval prior to applying for additional exam attempts. Preparation activities completed prior to the most recent attempt will not be considered. Please use the PTCE blueprint as a guide while preparing the candidate for the PTCE. Each knowledge domain has specific knowledge areas or sub-domains. Reference the PTCB Candidate Guidebook for the knowledge areas associated with each domain to identify the areas of which you should spend more or less time preparing. **Candidates should only submit this form after completion of at least six months of tutoring from a pharmacist or PTCB CPhT. This form must be signed by a pharmacist or PTCB CPhT.**

Knowledge Domains	% of PTCE content
<i>Pharmacology for Technicians</i>	13.75%
<i>Pharmacy Laws and Regulations</i>	12.50%
<i>Sterile and Non-Sterile Compounding</i>	8.75%
<i>Medication Safety</i>	12.50%
<i>Pharmacy Quality Assurance</i>	7.50%
<i>Medication Order Entry and Fill Process</i>	17.5%
<i>Pharmacy Inventory Management</i>	8.75%
<i>Pharmacy Billing and Reimbursement</i>	8.75%
<i>Pharmacy Information System Usage and Application</i>	10.0%

ATTESTATION:

Candidate Name: _____

Attester Name: _____ Credential: _____

License/Certification Number: _____

Employer: _____ Daytime Phone Number: _____

Please indicate the time frame during which you tutored this candidate.

Start Date: ____/____/____ End Date: ____/____/____

I attest and verify that I have tutored _____ (Candidate Name) in preparation for the Pharmacy Technician Certification Exam (PTCE) for the time frame indicated above. I further attest and verify that all information provided in this Attestation Form is accurate and complete in all respects. I understand that material misrepresentations in the Form may affect the eligibility of the candidate for PTCB Certification, and that PTCB may refer such misrepresentations to government licensure agencies for review.

Signature of Attester: _____ Date: _____

Signature of Candidate: _____ Date: _____

Please complete the attestation form and return it to PTCB.

2215 Constitution Ave, NW · Washington, DC 20037 · Fax 202-888-1699 · www.ptcb.org

Any inaccurate, incomplete, or misleading representation by the candidate is a violation of the PTCB Code of Conduct and may result in disciplinary action by PTCB.