

# CPHT Program Recognition Attestation Form

## About this Form

Beginning in 2020, CPhT applicants must have completed a PTCB-recognized education/training program or have equivalent work experience in order to be eligible for certification. The purpose of this form is to determine if a pharmacy technician education/training program meets PTCB requirements for recognition. The program director must complete this form to attest that the program curriculum includes all of the listed knowledge statements. It is expected that CPhT applicants who have completed a recognized program understand all key terms and concepts listed, however it is not required that applicants have performed tasks (i.e., via simulation) in all areas. Knowledge statements listed in this form are supplemental to those listed in the Pharmacy Technician Certification Examination (PTCE) Content Outline and therefore this form should not be used by program directors as the sole basis for developing or evaluating a curriculum. It is expected that all recognized programs cover both knowledge listed on this form and knowledge listed in the Content Outline in their curriculum.

## Instructions for Program Directors

- Complete the Program Information Section.
- Carefully review the following list of knowledge statements and compare it to your program curriculum.
- Select "Yes" or "No" for each knowledge area to indicate whether or not it is fully covered in the curriculum. In order for the program to be recognized, all areas must receive a "Yes." The program director should make any necessary curriculum revisions before submitting this form.
- Do not include any other documentation with this form unless explicitly requested by a PTCB staff member to do so. PTCB will, at its discretion, perform periodic audits of recognized programs to ensure the accuracy of the information represented on this form. In such case you will be contacted for further instructions.
- Sign and date the form on the last page.
- Submit the completed form to PTCB via fax (202-888-1699) or email it to [contact@ptcb.org](mailto:contact@ptcb.org)

## Program Information (To be Completed by the Program Director)

Institution Name: \_\_\_\_\_  
Institution Address: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Type:  Associate's Degree  High School  Certificate  Other: \_\_\_\_\_

Accredited by (if applicable): \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

Program Director Phone: \_\_\_\_\_

Program Director License/Registration Number: Pharmacist \_\_\_\_\_ OR  
Pharmacy Technician \_\_\_\_\_

If Pharmacy Technician, PTCB CPhT Certification Number: \_\_\_\_\_

If the Program Director is neither a CPhT nor a registered pharmacist, briefly describe the qualifications of the Program Director:

---

---

---

# CPhT Program Recognition Attestation Form

## Knowledge Statements Supplemental to the PTCE 3.0 Blueprint

### A. The program curriculum includes the following knowledge of **Legal Requirements and Practice Standards**:

- OSHA requirements for prevention and treatment of hazardous substances exposure (e.g., eyewash, spill kit)
- HIPAA requirements for confidentiality
- OSHA Hazard Communication Standard (i.e., "Employee Right to Know")
- Federal requirements for availability of medications (i.e., Rx, OTC, behind the counter)
- Federal requirements for receiving, ordering, refilling, labeling, dispensing, returning, take-back programs, loss or theft of, and destroying non-controlled substances
- Federal requirements for non-controlled substance prescription transfer
- FDA requirements for receiving, storing, ordering, labeling, dispensing, returning, and loss or theft of investigational drugs
- FDA requirements for consumer medication information and Medication Guides
- Methods to electronically verify a prescriber's DEA number
- DEA requirements for record keeping, documentation, and record retention (i.e., minimum length of time controlled substances and records are maintained on file)
- ADA requirements to address patient physical limitations (e.g., easy-off caps, increased font size, script-talk machines, braille)
- OSHA requirements for addressing bloodborne pathogen exposure (e.g., accidental needle stick, post-exposure prophylaxis [PEP])
- OBRA-90 requirement for consultation
- FDA product tracking and tracing requirements (i.e., Drug Supply Chain Security Act [DSCSA])
- The Joint Commission standards and OSHA requirements for employer staff training
- The Joint Commission standards for record-keeping of received, repackaged, batch-prepared, recalled, and returned products and supplies
- The Joint Commission standards and CMS conditions of participation for the operation of pharmacies
- State requirements for licensure, registration, and/or certification of pharmacy technicians
- State requirements regarding the roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees
- Reconciliation between state, federal, and local laws and regulations
- State requirements regarding facilities, equipment, and supply (e.g., space requirements, prescription file storage, cleanliness, reference materials)

Yes  No

# CPHT Program Recognition Attestation Form

## B. The program curriculum includes the following knowledge of **Patient Safety & Quality Assurance Strategies**:

- Effects of patient-specific factors on drug and non-drug therapy (e.g., cultural beliefs, disabilities, language barriers, socioeconomic status, genetic factors)
- Automatic stop orders
- Products used in packaging and repackaging (e.g., type of bags, syringes, glass, PVC, child-resistant caps and light-protective unit-dose packaging)
- Requirements and strategies for addressing errors in practice (e.g., quality improvement teams, adverse drug reaction reporting, opportunity/suggestion cards)
- Quality assurance practices for medication and inventory control systems (e.g., bar code, data entry)
- Measures of productivity, efficiency, and customer satisfaction
- Equipment calibration techniques and documentation requirements (e.g., balance, IV pumps)
- Information sources used to obtain data in a quality improvement process (e.g., the patient's chart, patient's medication profile, computerized information systems, medication administration record, immunization registry, medication therapy management [MTM] platforms)

Yes  No

---

## C. The program curriculum includes the following knowledge of **Order Entry and Fill Process**:

- Procedure to stage prescriptions for final verification
- Information to be obtained from patient/patient representatives and/or health care providers (e.g., medical and medication history, demographic information, allergy, opt-in services information, third-party information)
- Techniques for detecting forged, altered, or invalid prescriptions (e.g., watermarks, signatures, handwriting, quantity)
- Medication mailing requirements (e.g., controlled and non-controlled, cold chain packing requirements)
- Procedures and environmental controls to prepare non-sterile hazardous medications (e.g., negative pressure rooms)
- Types of enteral products and supplies
- Procedures to clean, disinfect, and decontaminate compounding areas
- Procedures for assigning beyond use dates for non-sterile compounds
- Documentation and record-keeping requirements (e.g., lot number, expiration date, batch preparation, compounding record)
- Delivery systems for distributing different medications (e.g., pneumatic tube, robotics, runners)
- Factors that determine prioritization of prescription/medication order processing (e.g., stat, maintenance, waiting)

Yes  No

---

# CPHT Program Recognition Attestation Form

## D. The program curriculum includes the following knowledge of **Health and Wellness**:

- Devices used for monitoring and/or screening (e.g., automatic blood pressure monitor, glucose monitors test strips/lancets, point-of-care tests)
- Strategies for assessing a patient's compliance with prescriptions or medication orders (e.g., patterns of early/late refills, medication therapy management [MTM])
- Patient factors that influence drug effects (e.g., age, height, genetics, weight, gender, diet)
- Anatomy and physiology of body systems and major organs
- Standard laboratory values
- Durable and non-durable equipment, devices, and supplies (e.g., ostomy supplies, orthopedic devices, pumps)
- Procedures and techniques for documenting disease prevention and health promotion initiatives (e.g., immunizations, health screenings, genome testing, and wellness checks)
- Risk factors for disease (e.g., alcohol and illicit drug use, smoking, obesity, sedentary lifestyle)
- Signs, symptoms, and origins of disease states
- Immunization schedules
- Procedures to obtain vaccine information statements

Yes  No

## E. The program curriculum includes the following knowledge of **Inventory Management**:

- Formulary or approved/preferred product list
- Procedures to address improperly stored inventory (e.g., out of range temperature issues)
- Suitable alternatives for ordering (e.g., transferring or borrowing medications from another pharmacy)
- Medication control system requirements (e.g., automated dispensing systems, bar coding, clinic and nursing floor stock, crash carts, emergency kits)
- Procedures for ordering medications and supplies
- Inventory control practices and record keeping (e.g., par and reorder levels, turnover rates, drug usage patterns, and perpetual inventory)
- Procedures to perform physical inventories (e.g., annual, controlled substance)
- Automated equipment inventory management (e.g., configuring drawers, setting par level)

Yes  No

# CPHT Program Recognition Attestation Form

## F. The program curriculum includes the following knowledge of **Billing and Reimbursement**:

- Characteristics of reimbursement policies and plans (e.g., HMOs, PPO, CMS, Affordable Care Act, private plans, Medicare and Medicaid plans, TriCare)
- Level of service billing (e.g., immunization services, point-of-care testing, durable medical equipment, medication therapy management [MTM], clinical services, medical vs. prescription coverage, Medicare Part B)
- Strategies to minimize patient out-of-pocket costs (e.g., formulary tiers)
- Strategies to resolve third party rejected claims
- Factors influencing reimbursement rates, policies, and plans
- Third-party reimbursement systems (e.g., PBM, medication assistance programs, coupons, 340B vouchers)
- Procedures to obtain prior authorization
- Healthcare reimbursement systems (e.g., home health, long-term care, home infusion)
- Reimbursement models (e.g., AWP, dispensing fee, cost)
- Procedures to coordinate benefits (e.g., dual coverage and copay reduction plans)
- Medications included in Centers for Medicare & Medicaid Services (CMS) five-star quality rating system

Yes  No

---

## G. The program curriculum includes the following knowledge of **Administrative & Management**:

- Administrative duties and procedures for pharmacies such as managing files and records, transcription, designing forms, and other office procedures and terminology
- Basic computer functions (e.g., word processing, printing documents, data entry, basic spreadsheets, email, internet)
- Preventative maintenance scheduling for automated equipment
- Purpose and proper use of pharmacy reports (e.g., inventory reports, diversion reports, discrepancy reports, override reports, usage reports, input accuracy reports, business summary reports)
- Basic data analysis (e.g., interpreting trends in seasonal demands, productivity, margins, staffing needs, drug discrepancies, shortages)
- Process for handling and destroying confidential/classified information

Yes  No

---

# CPhT Program Recognition Attestation Form

## Program Director Attestation

I \_\_\_\_\_, do hereby certify that the information on this form is true and correct to the best of my knowledge. I understand that PTCB may request to review the program curriculum, or use other appropriate means, in order to verify the accuracy of the information on this form and I agree to fully cooperate with any such requests. I understand that material misrepresentations in this form may affect the certification eligibility of those who complete the program, and that PTCB may refer misrepresentations on this form to state regulatory bodies for review.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

DRAFT