CPhT Work Experience Attestation Form

About this Form

The purpose of this form is to determine if a CPhT applicant's work experience has resulted in knowledge that is equivalent to completing a PTCB-recognized education/training program. There is no minimum requirement for work experience, but at least six months of full-time experience (1000 hours) is recommended. A qualified supervisor must complete this form on behalf of the applicant to attest that the applicant has the required knowledge of the areas listed. It is expected that CPhT applicants understand all key terms and concepts listed, however it is not required that applicants perform tasks 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 applicants to prepare for the PTCE or by supervisors as the sole determinant of an applicant's readiness to attempt the PTCE. Candidates should submit the completed form to PTCB via fax (202-888-1699) or upload within their PTCB Account.

Instructions for CPhT Applicants

- Have your supervisor complete the Qualified Supervisor portion of this form and return it to you.
- Complete the Applicant portion of the form.
- Submit the completed form to PTCB via fax (202-888-1699) or upload within your PTCB.org MyAccount

For Applicants (To be Completed by the Applicant)

Full Name:_____
PTCB ID: _____
State and License/Registration Number (if applicable):_____

Employer Name: _____
Employer Address: _____
Date of Hire: _____
Total Months Working as a Pharmacy Technician or Trainee: _____

Qualified Supervisors able to attest to work experience must be either a licensed pharmacist or PTCB Certified Pharmacy Technician, and be in good standing with any appropriate regulatory bodies (e.g., board of pharmacy).

Instructions for Qualified Supervisors

- Complete the Qualified Supervisor portion of this form.
- Select "Yes" or "No" for each area. (Note: In order for the applicant to sit for the PTCE, all areas must receive a "Yes."). The attester should address any areas that cannot be marked as "Yes" with the applicant prior to completing this form.
- Sign the attestation on the last page of this form.
- Return the form to the applicant.

For Qualified Supervisors (To be Completed by the Supervisor)

Full Name: _____
Work Address: _____
Contact Phone Number: _____
Email Address: _____

License/Registration Number: Pharmacist _____ OR
Pharmacy Technician _____

If Pharmacy Technician, PTCB CPhT Certification Number: _____

Knowledge Statements Supplemental to the PTCE 3.0 Blueprint

A. The Applicant possesses and/or demonstrates knowledge of **Legal Requirements and Practice Standards** as specific to his/her practice setting including:

- 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 □

B. The Applicant possesses and/or demonstrates knowledge of **Patient Safety & Quality Assurance Strategies** as specific to his/her practice setting, including:

- 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 Applicant possesses and/or demonstrates knowledge of **Order Entry and Fill Process** as specific to her/his practice setting, including:

- 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)
- Procedures to clean, disinfect, and decontaminate compounding areas
- Medication mailing requirements (e.g., controlled and non-controlled, cold chain packing requirements)
- Types of enteral products and supplies
- Factors that determine prioritization of prescription/medication order processing (e.g., stat, maintenance, waiting)
- Delivery systems for distributing different medications (e.g., pneumatic tube, robotics, runners)
- Documentation and record-keeping requirements (e.g., lot number, expiration date, batch preparation, compounding record)

Yes □ No □

D. The Applicant possesses and/or demonstrates knowledge of **Inventory Management**, as specific to his/her practice setting, including:

- 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 □

E. The Applicant possesses and/or demonstrates knowledge of **Billing and Reimbursement**, as specific to his/her practice setting, including:

- Characteristics of reimbursement policies and plans (e.g., HMOs, PPO, CMS, Affordable Care Act, private plans, Medicare and Medicaid plans, TriCare)
- Factors influencing reimbursement rates, policies, and plans
- Medications included in Centers for Medicare & Medicaid Services (CMS) five-star quality rating system
- Strategies to minimize patient out-of-pocket costs (e.g., formulary tiers)
- Strategies to resolve third party rejected claims
- 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)
- 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)

Yes □ No □

F. The Applicant possesses and/or demonstrates knowledge of **Administrative & Management**, as specific to his/her practice setting, including:

- 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 □

Qualified Supervisor Attestation

I _____, do hereby certify that I am in good standing with my employer and all regulatory bodies (e.g., state board of pharmacy) that have jurisdiction over my work site. I further certify that the information on this form is true and correct to the best of my knowledge. I understand that material misrepresentations in this form may affect the eligibility of the Applicant for PTCB Certification, and that PTCB may refer misrepresentations on this form to state regulatory bodies for review.

_____ _____

Signature of Qualified Supervisor Date