Credentialing Guidelines and Requirements

A Candidate Guidebook

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Credential Overview

Who We Are
The Pharmacy Technician Certification Board (PTCB) was established in January 1995 and is governed by six organizations: the American Pharmacists Association, the American Society of Health-System Pharmacists, the Illinois Council of Health-System Pharmacists, the Michigan Pharmacists Association, the National Association of Boards of Pharmacy, and the National Community Pharmacists Association. PTCB is a national credentialing organization that enables pharmacy technicians to work more effectively with pharmacists to offer safe and effective patient care. PTCB develops, maintains, promotes, and administers a nationally accredited certification program for pharmacy technicians, Certified Pharmacy Technician (CPhT). In addition, PTCB offers a specialty certification program for CPhTs that perform sterile compounding, Certified Compounded Sterile Preparation Technician® (CSPT®), as well as Assessment-Based Certificate Programs.

Distinction Between Certification and Certificate Programs
Certification is a voluntary process by which a non-governmental body grants time-limited recognition and use of a credential to individuals who have demonstrated that they have met predetermined and standardized criteria for required knowledge, skills, or competencies. To retain the credential, certificants must meet requirements for renewal. The credential awarded by the certifying organization denotes that the participant possesses particular knowledge, skills, or competencies.

Assessment-Based Certificate
An Assessment-Based Certificate Program is a non-degree granting program that provides education/training to participants to aid them in acquiring specific knowledge, skills, and/or competencies associated with intended learning outcomes, evaluates participants' accomplishment of the intended learning outcomes, and awards a certificate only to those participants who meet the performance, proficiency, or passing standard for the assessment.

Certification Program	Assessmen
PURPOSE: Recognize professionals who meet established knowledge, skills, or competencies	PURPOSE:
Assesses knowledge, skills, and/or competencies previously acquired	Typically req
Goal is to validate the participant's competency through a conformity assessment system	Goal is for pa
Assessment is best used to assure baseline competencies and to differentiate professionals; independent of a specific learning event	Assessment
Assessment content is usually broad in scope	Assessment

Awards designations to recognize achievement	Awards a ce... participation,... have to dem...

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Credential Maintenance Requirements and Trademark Use

Individuals who meet eligibility requirements and pass the appropriate PTCB certification exams may use the CPhT (Certified Pharmacy Technician) or the CSPT® (Certified Compounded Sterile Preparation Technician®) designation. To maintain certification, PTCB certificants must recertify in accordance with PTCB's requirements. Refer to the recertification section for specific program requirements.

There are no renewal requirements for Assessment-Based Certificate Programs.

The Benefits of PTCB Credentials

PTCB credentials are valid nationwide. However, regulations to work in a pharmacy as a pharmacy technician vary from state to state. Individuals should contact their local state board of pharmacy or visit the National Association of Boards of Pharmacy website for more information regarding pharmacy technician requirements. Benefits of PTCB credentials may include an increase in job promotion opportunities, recognition within the pharmacy profession, and an increased focus on patient safety. Pharmacists recognize that through the credentialing programs, PTCB technicians demonstrate the qualifications and knowledge necessary to perform the duties and responsibilities of a pharmacy technician.

Construction of PTCB Exams

The methods used to construct PTCB Exams adhere to the procedures recommended in the Standards for Educational and Psychological Tests (APA, NCME, AERA; 2014), and in the guidelines published by the National Commission for Certifying Agencies (NCCA) and the Council on Licensure, Enforcement, and Regulation (CLEAR). PTCB's Exam Development Committees consist of pharmacists, CPhTs, and pharmacy technician educators from various practice settings and geographic areas. Each question is carefully written, referenced and reviewed to determine its relevance and accuracy. All questions and exams are reviewed by Exam Development Committees to ensure they are current and reflect the content outline.

Scaled Scores and Equating

Consistent with industry-standard procedures, PTCB uses multiple exam forms, which are different versions of the same exam designed to test the same content. The use of scaled scores is necessary because different exam forms are administered every year and forms may fluctuate slightly in difficulty. A candidate's scaled score, rather than raw score, is reported and used to determine Pass/Fail. Scaled scores are comparable across candidates despite slight differences in exam difficulty from one exam to another, and therefore allow all candidates to be held to the same scoring standard.

PTCB uses multiple forms containing different items to minimize item exposure and ensure the continuing relevance of test items. To ensure the Pass/Fail results of candidates taking two different forms are equivalent, PTCB uses a process known as Item Response Theory (IRT) pre-equating. Equating ensures that the same passing standard is applied from exam to exam regardless of fluctuations in the overall difficulty level from one exam form to another.

General Policies

Impartiality, Fairness, and Nondiscrimination

PTCB endorses the principles of impartiality, fairness, and equal opportunity and commits to act impartially, fairly, and equitably in relation to its applicants, candidates, and credential holders, including but not limited to:

1. Applying its standards and requirements for examinations and certifications equally to all individuals regardless of gender, age, disability, occupation, ethnic origin, color, cultural background, marital status, sexual orientation, religion, or political opinion.
2. Implementing its policies and procedures impartially and fairly.
3. Not restricting certification based on undue financial or other limiting conditions.
4. Not allowing commercial, financial, or other pressures to compromise impartiality in certification activities.

Code of Conduct

PTCB is dedicated to providing and implementing appropriate standards designed to serve pharmacy technicians, employers, pharmacists, and patients. First and foremost, PTCB credential holders and candidates give priority to the health interests and protection of the public, and act in a manner that promotes integrity and reflects positively on the work of pharmacy technicians, consistent with appropriate ethical and legal standards.

As pharmacy technicians, and under the supervision of a licensed pharmacist, PTCB credential holders and candidates have the obligation to: maintain high standards of integrity and conduct; accept responsibility for their actions; continually seek to improve their performance in the workplace; practice with fairness and honesty; and, encourage others to act in an ethical manner consistent with the standards and responsibilities set forth below. Pharmacy technicians assist pharmacists in dispensing medications and remain accountable to supervising pharmacists with regard to all pharmacy activities, and will act consistent with all applicable laws and regulations.

A. **Responsibilities Relating to Legal Requirements.**

   Each credential holder/candidate must:

1. Act consistent with all legal requirements relating to pharmacy technician practice, including Federal, State, and local laws and regulations.
2. Refrain from any behavior that violates legal or professional ethical standards, including all criminal laws, Federal laws and agency regulations, and State laws and regulatory agency rules.
3. Refrain from conduct that is threatening, intimidating, harassing, or deceptive when acting within a professional role.
4. Maintain good standing with all applicable governmental or quasi-governmental agencies governing pharmacy technician practice.

A. **Responsibilities to PTCB/Compliance with Organizational Policies and Rules.**

   Each credential holder/candidate must:

1. Act consistent with all applicable PTCB policies and requirements.
2. Provide accurate, truthful, and complete information to PTCB.
3. Maintain the security and confidentiality of PTCB examination information and materials, including the prevention of unauthorized disclosure of test items and format and other confidential information.
4. Cooperate with PTCB concerning conduct review matters, including the submission of all required information in a timely, truthful, and accurate manner.
5. Report to PTCB apparent violations of this Code based upon reasonable and clear factual information.

1. **Responsibilities to the Public and Employers.**

   Each credential holder/candidate must:

1. Deliver competent, safe, and appropriate pharmacy and related services.
2. Recognize practice limitations and provide services only when qualified, credentialed, and authorized by a supervising pharmacist in accordance with applicable laws and regulations. The credential holder/candidate is responsible for determining the limits of his/her own abilities based on legal requirements, training, knowledge, skills, experience, and other relevant considerations.
3. Maintain and respect the confidentiality of sensitive information obtained in the course of all work and pharmacy-related activities, as directed by the supervising pharmacist and consistent with legal requirements, unless: the information is reasonably understood to pertain to unlawful activity; a court or governmental agency lawfully directs the release of the information; the patient or the employer expressly authorizes the release of specific information; or, the failure to release such information would likely result in death or serious physical harm to employees and/or patients.
4. Use pharmacy technician credentials properly, and provide truthful and accurate representations concerning education, experience, competency, and the performance of services.
5. Provide truthful and accurate representations to the public and employers.
6. Follow appropriate health and safety procedures with respect to all pharmacy-related activities and duties.
7. Protect the public, employees, and employers from conditions where injury and damage are reasonably foreseeable.
8. Disclose to patients or employers significant circumstances that could be construed as a conflict of interest or an appearance of impropriety.
9. Avoid conduct that could cause a conflict of interest with the interests of a patient or employer.
10. Assure that a real or perceived conflict of interest does not compromise legitimate interests of a patient or employer, and does not influence or interfere with work-related judgments.

Conduct Case Process/Conduct Complaints

The Conduct Case Procedures (Procedures) will be used to process all matters concerning possible violations of the standards in the Pharmacy Technician Certification Board (PTCB) Code of Conduct. This Policy applies to individuals certified by PTCB (credential holders) and all individuals seeking PTCB certification (candidates). The Procedures represent an informal process for the resolution of all PTCB conduct matters. A party may choose to be represented by an attorney during a conduct matter at his/her own expense.

Infographic: Conduct Case Overview

The complete Conduct Case Procedures are available in Appendix A.

Reconsideration of Denial Credential Eligibility or Certification Renewal Policy

The Reconsideration of Denial Credential Eligibility or Certification Renewal Policy (Reconsideration Policy) will be used to review requests for reconsideration of credential eligibility, recertification, or reinstatement denial determinations. A written request must be submitted to the PTCB Help Center and addressed to the PTCB Executive Director & CEO within 30 days of the date of the notification of the denial determination. The written request must include the date of determination, details of the denial, the reason or extenuating circumstances applicable to the request (including relevant supporting materials not previously submitted), and the individual's email address and phone number at which the individual can be reached. PTCB's exam eligibility, recertification, and reinstatement requirements or policies are not subject to reconsideration.

A complete version of the Reconsideration Policy is available in Appendix B.

Exam Scoring Challenges

The sole mechanism for candidates to challenge the accuracy of exam content on any PTCB exam is to comment within the exam itself. Candidates can comment on any item during the exam. Subject-matter experts and/or PTCB staff review all candidate comments and take appropriate actions as necessary. In extremely rare circumstances, the review of candidate comments may result in candidates receiving an official exam result that differs from the preliminary result provided at the end of the exam. Candidates cannot challenge the accuracy of exam content outside of the exam itself. PTCB will not adjust or modify exam scores for any reason pertaining to personal circumstances, hardships, or technical or administrative errors. For situations in which a technical or administrative error has been determined by PTCB to have impacted a candidate's score, the candidate's exam score will be canceled, and the candidate will be offered an opportunity to retest.

PTCB Certified Pharmacy Technician (CPhT) Program

Certified Pharmacy Technician (CPhT)

Pharmacy technicians who want to work more effectively with pharmacists to offer better patient care and service take the Pharmacy Technician Certification Exam® (PTCE®) to earn the national PTCB Certified Pharmacy Technician (CPhT) Certification.

PTCB's CPhT Program is nationally accredited by the National Commission for Certifying Agencies (NCCA).

Scope

PTCB CPhTs support pharmacists in delivering patient care in a variety of settings, including community pharmacies, hospitals, and other facilities. Although CPhTs typically support the medication dispensing process, the legal scope of practice for CPhTs is defined by individual State Boards of Pharmacy.

Eligibility Requirements

PTCB credentials are designed for use exclusively in the United States of America and its territories (US). Therefore, PTCB exams are generally only administered in the US. Active members of the US military and their spouses are eligible to test anywhere in the world. Other applicants outside of the US are only eligible to take a PTCB exam if they meet specific criteria. Learn more.

To be eligible to apply for PTCB CPhT Certification, an applicant must complete one of the following requirements:

Pathway 1: A PTCB-Recognized Education/Training Program (or completion within 60 days of application submission).*

Pathway 2: Equivalent work experience as a pharmacy technician (min. 500 hours).** This alternative path will serve experienced pharmacy technicians who were not in a position to attend a PTCB-Recognized Education/Training Program. Learn more.

A Pharmacy degree is acceptable in lieu of a recognized pharmacy technician training/education program. Learn more.

***500 hours must be complete at the time of application.*

In addition to completing a PTCB-Recognized Education/Training Program or equivalent work experience, applicants must also satisfy the following:

- Full disclosure of all criminal and State Board of Pharmacy registration or licensure actions
- Compliance with all applicable PTCB Certification policies
- Passing score on the Pharmacy Technician Certification Exam (PTCE)

PTCB-Recognized Education/Training Program Verification

CPhT applicants who are within 60 days of completing a PTCB-Recognized Education/Training Program will be eligible to take the PTCE. PTCB CPhT Certification will not be granted until proof of education/training completion is provided to PTCB. Examples of acceptable documentation include but are not limited to the following:

- Certificate of completion indicating your name, the education/training program title, and completion date
- Letter from an education/training provider official on letterhead indicating your name, the education/training program title, and completion date
- Unofficial transcript or diploma

Pharmacy Technician Certification Exam (PTCE)

Candidates are required to pass the Pharmacy Technician Certification Exam (PTCE) to earn the CPhT credential. The PTCE is a computer-based exam administered at Pearson VUE test centers nationwide. The exam is multiple-choice and contains 90 questions: 80 scored questions and 10 unscored questions. Each question lists four possible answers, only one of which is the correct or best answer. Unscored questions are not identified and are randomly distributed throughout the exam. A candidate's exam score is based on the responses to the 80 scored questions. Be prepared to commit 2 hours for the exam (5-minute tutorial, 1 hour and 50-minute exam, and 5-minute post-exam survey).

Content Outline

PTCB implemented its most recent update to the PTCE in 2020. The content of the PTCE is updated periodically to reflect changes in pharmacy technician practice. Questions are not presented in the knowledge area order shown in the PTCE content outline, but are randomly distributed throughout the exam. A complete version of the content outline, which lists the knowledge required to perform the activities associated with each function, can be found in Appendix C.

Passing Score

A panel of subject-matter experts established a passing score for the PTCE using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the PTCE is 1,400. The range of possible PTCE scores based on the exam outline is 1,000 to 1,600.

Preparing for the PTCE

PTCB has made two essential resources available to assist candidates in preparing for the PTCE:

1. PTCE Content Outline
2. PTCE Reference List

Familiarity with material contained in basic pharmacy technician training manuals or books may be helpful. Supervising pharmacists may also be helpful in designing a study plan. PTCB does not endorse, recommend, or sponsor any review course, manuals, or books for any PTCB exam.

Official PTCB Practice Tools

PTCB offers two unique ways for CPhT candidates to prepare for the Pharmacy Technician Certification Exam® (PTCE®)—the PTCE Practice Bank™ and the Pre-PTCE™. We recommend that candidates first study using the Practice Bank and then take the Pre-PTCE as a final check of readiness before attempting the PTCE. Learn more.

Certified Compounded Sterile Preparation Technician (CSPT) Program

Certified Compounded Sterile Preparation Technician (CSPT)

Scope

Certified Compounded Sterile Preparation Technicians® (CSPT®s) have demonstrated knowledge and skill in the specialty area of compounded sterile preparations (CSPs). Preparing CSPs, commonly referred to as sterile compounding, requires unique knowledge and skill that is above and beyond the standard for CPhTs. CSPs are administered via routes that cause immediate effects for patients, and may also contain hazardous ingredients. CSPs therefore generally carry a higher risk than non-sterile medications or preparations. CSPTs practice under a licensed pharmacist in a variety of settings, including hospitals, home infusions centers, and other compounding facilities. The legal scope of practice for CSPTs is the purview of individual State Boards of Pharmacy.

Eligibility Requirements

To be eligible for the CSPT Exam, an applicant must be an active PTCB CPhT in good standing and satisfy one of the following pathways:

Pathway 1: Completion of, or enrollment in, a PTCB-Recognized Sterile Compounding Education/Training Program[*] AND one year of full-time continuous compounded sterile preparation (CSP) work experience.[**]

Pathway 2: Three years of full-time continuous compounded sterile preparation (CSP) work experience.[***]

To obtain CSPT Certification, candidates must pass the CSPT Exam and submit the CSPT Competency Attestation Form. Candidates that are deemed eligible for CSPT Certification will be granted a one-year CSPT Candidacy Eligibility Window.

View a list of PTCB-Recognized Education/Training Programs for the CSPT Program.

[*]***CSPT candidates who are within 60 days of completing a PTCB-Recognized Sterile Compounding Education/Training Program are eligible to apply for CSPT Certification. CSPT Certification will not be granted until proof of program completion is provided to PTCB.***

[**]***Full-time continuous compounded sterile preparation (CSP) work experience is defined as at least 30 hours/week.***

[***]***Work experience must be within the last eight years. Part-time employment and roles that include, but are not fully devoted, to sterile compounding qualify. Sterile compounding experience must have been completed in a US facility and subject to USP <797> and <800> regulations.***

Competency Attestation Form

The CSPT Competency Attestation Form is used to document that the Certified Compounded Sterile Preparation Technician (CSPT) Certification requirements for training, skill assessment, and competency assessment have been completed. CSPT candidates are required to submit this form to earn CSPT Certification and on an annual basis to maintain CSPT Certification. This form must be completed by a qualified supervisor that has directly observed the training, skill

assessment, and competency assessment of the CSPT candidate/certificant. A qualified supervisor must be in good standing with their current employer and all regulatory bodies (e.g., state board of pharmacy) that have jurisdiction over the supervisor's work site and must have at least five (5) years of experience working directly with or supervising compounded sterile preparations (CSPs) production. Please note that if the supervisor has less than five (5) years of experience, a letter from the pharmacy director describing the supervisor's qualifications to oversee CSP production must be submitted along with the completed CSPT Competency Attestation Form.

Candidacy Eligibility Window

Once approved, CSPT candidates will be granted a one-year Candidacy Eligibility Window. All exam and certification requirements must be completed within the candidacy eligibility window including a passing score on the CSPT Exam. Candidates who fail to complete the CSPT Certification requirements within their one-year candidacy eligibility window will be subject to reapply for eligibility again if they wish to obtain CSPT Certification. CSPT applicants reapplying for eligibility will be subject to current CSPT program requirements. All previous certification requirements completed will be deemed ineligible for future eligibility windows, including a passing score on the CSPT Exam and any previously approved CSPT Competency Attestation Form.

CSPT Exam

Candidates are required to pass the Compounded Sterile Preparation Technician Exam to earn the CSPT credential. The CSPT Exam is a computer-based exam administered at Pearson VUE test centers nationwide. The exam is multiple-choice and contains 75 questions: 60 scored questions and 15 unscored questions. Each question lists four possible answers, only one of which is the correct or best answer. Unscored questions are not identified and are randomly distributed throughout the exam. A candidate's exam score is based on the responses to the 60 scored questions. Be prepared to commit 2 hours for the exam (5-minute tutorial, 1 hour and 50-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The CSPT Exam covers knowledge specific to CSPs that build upon the content of the PTCE®. The CSPT Exam covers all aspects of CSP preparation, including all risk levels and both hazardous and non-hazardous CSPs. CSPT Exam content is organized into four domains, but exam items are presented in random order throughout the exam. A complete version of the content outline, which lists the knowledge required to perform the activities associated with each function, can be found in Appendix E.

Exam Passing Score

A panel of subject-matter experts established a passing score for the CSPT Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the CSPT Exam is 1,400. The range of possible CSPT Exam scores based on the exam outline is 1,000 to 1,600.

Preparing for the CSPT Exam

PTCB has made three essential resources available to assist candidates in preparing for the CSPT Exam:

1. CSPT Exam Content Outline
2. CSPT Exam Medications List
3. CSPT Exam Reference List

Candidates should thoroughly review these resources before attempting the CSPT Exam. PTCB does not currently offer practice tests for the CSPT Exam but may develop such practice tools in the future.

Advanced Certified Pharmacy Technician (CPhT-Adv) Program

Advanced Certified Pharmacy Technician™ (CPhT-Adv™)

Scope
CPhTs who earn the CPhT-Adv credential are recognized for their expertise and experience, and demonstrate an unwavering commitment to advancing medication safety.

Eligibility Requirements
A candidate must hold an active PTCB CPhT Certification and have completed:

?? at least 3 years of work experience as a pharmacy technician within the past 8 years, and

?? at least four PTCB Assessment-Based Certificate Programs, or three Certificate Programs and the Compounded Sterile Preparation Technician® (CSPT®) Certification.

Application
CPhTs must submit an application in order to be granted the CPhT-Adv credential. There is no additional fee or exam associated with the application. Those who wish to maintain their CPhT-Adv credential must recertify every 2 years by submitting 5 additional CE hours in any pharmacy topic to supplement the 20 CE hours required for CPhT recertification, for a total of 25 hours of continuing education (CE).

Billing and Reimbursement Assessment-Based Certificate Program

Billing and Reimbursement Certificate Program

Scope
PTCB Billing and Reimbursement certificate holders have demonstrated their advanced understanding of third-party payers and reimbursement systems utilized within the pharmacy. Individuals who earn the certificate will demonstrate that they not only have the necessary foundational knowledge but are capable of playing a leadership role in this crucial administrative function for a pharmacy, which helps patients access medication.

Eligibility Requirements
A candidate must hold an active PTCB CPhT Certification and fulfill one of the following eligibility pathways:

Pathway 1: Completion of a PTCB-Recognized Billing and Reimbursement Education/Training Program >var js,p=/^http:/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("sc at least 6 months of experience as a pharmacy technician, at least 50% of which must be devoted to pharmacy billing and reimbursement activities.

Pathway 2: At least 12 months of full-time employment with experience as a pharmacy technician, at least 50% of which must be devoted to pharmacy billing and reimbursement activities.

Candidates are required to complete and upload the Supervisor Attestation Form for the PTCB Billing and Reimbursement Certificate Program at the time of application submission.

Exam
Candidates are required to pass the Billing and Reimbursement Exam to earn the PTCB Billing and Reimbursement Certificate. The Billing and Reimbursement Exam is a computer-based exam with 70 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Billing and Reimbursement Exam covers several knowledge areas organized into four domains, as shown in the following table.

Programs and Eligibility (20%)
Programs and eligibility terminology
Third-party reimbursement types (e.g., PBM, medication assistance programs, self-pay)
Healthcare reimbursement systems in different settings (e.g., home health, long-term care, home infusion, health systems, community pharmacy, and ambulatory clinics)
Eligibility requirements for private and/or federally-funded insurance programs (e.g., Medicare, TRICARE, Medicaid)
Eligibility for patient assistance through available programs (e.g., a 340B eligible program)
Claims Processing and Adjudication (48%)
Pharmacy/medical claim processing terminology
Information needed to submit pharmacy/medical claims
General pharmacy claim submission process (e.g., data entry, verification, adjudication)
Third-party claim rejection trouble-shooting and resolution
Methods for determining drug cost and sale prices (e.g., AWP, dispensing fees, gross and net profit, acquisition cost
Coordination of benefits or plan limitations to determine each party's responsibility
Reimbursement policies for all plans being billed, regardless of contracted payers, HMOs, PPO, CMS, or commercial plans
Identification of formulary coverage or alternatives
340B terminology
Prior Authorization (20%)
Prior authorization terminology
Information needed to submit medical/pharmacy prior authorization (e.g., patient and prescriber information, drug, dose)
General process of prior authorization (e.g., from formulary alternatives to contacting the provider, then through payer to patient)
Third-party prior authorization rejection trouble-shooting and resolution
Audits and Compliance (12%)
Audit and compliance terminology
Contract documentation for claims billed to specific insurance plans (e.g., ICD-10 codes, provider feedback and authorizations to change medications)
Federal laws/regulations regarding audits (e.g., mandated audits by CMS for all government-funded programs)
Accrediting bodies and surveys (e.g., URAC, TJC, CMS, DNV)

Exam Passing Score

A panel of subject-matter experts established a passing score for the Billing and Reimbursement Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Billing and Reimbursement Exam is 300. The range of possible scores based on the exam content outline is 0 to 400.

Advanced Certified Pharmacy Technician Credential

Earning your Billing and Reimbursement Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Controlled Substances Diversion Prevention Assessment-Based Certificate Program

Controlled Substances Diversion Prevention Certificate Program

Scope

PTCB Controlled Substances Diversion Prevention Certificate holders have demonstrated their knowledge of controlled substances diversion strategies and DEA requirements.

Eligibility Requirements

A candidate must hold an active PTCB CPhT Certification and complete a <u>PTCB-Recognized Controlled Substances Diversion Prevention Education/Training Program</u>.>var js,p=/^http:/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("script");js

Exam

Candidates are required to pass the Controlled Substances Diversion Prevention Exam to earn the PTCB Controlled Substances Diversion Prevention Certificate. The Controlled Substances Diversion Prevention Exam is a computer-based exam with 60 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Controlled Substances Diversion Prevention Exam covers several knowledge areas organized into four domains, as shown in the following table.

Controlled Substance Diversion (9%)
Consequences of diversion (e.g., infection risks to patients, organizational liability, fines/indictments, fraud charges, loss of job and/or license)
Signs of impaired health-care workers (e.g., mood changes, agitation, dilated pupils, sudden declines in job performance)
Motivations to divert CS (e.g., addiction, financial gain, recreation)
Controlled Substance Diversion Prevention Program (30%)
Areas of vulnerability in procurement, preparation and dispensing, prescribing, administration, and waste/removal processes
Elements of a comprehensive and effective controlled substances diversion prevention program (CSDPP)
Types and functions of security control measures, devices, and software to detect and prevent diversion (e.g., locking storage, cameras, ADCs, analytics software)
High risk areas of the pharmacy (e.g., anesthesia area, CS vault, IV room, will call, receiving)
Chain of custody methods (e.g., regulation of access control, presence of witnesses for signing delivery sheets, use of tamper-evident containers)
DEA Requirements (37%)
DEA registration requirements (e.g. power of attorney, renewal)
Procedures to validate DEA numbers (e.g., formula and component parts of the DEA number)
Contents, appropriate usage, and record keeping for DEA form 222
DEA Controlled Substance Ordering System (CSOS)
Contents, appropriate usage, and record keeping for DEA form 41
Contents, appropriate usage, and record keeping for DEA form 106
Knowledge of DEA scheduled medications and which are at high risk for diversion
DEA requirements for conducting physical inventories and record keeping
Contents, appropriate usage, and record keeping for DEA form 107
Actions to take during a robbery or theft event
Procedures for sales of CS and restricted OTCs (e.g., pseudoephedrine)
Surveillance and investigation (22%)
Suspicious data patterns (e.g., waste buddy, night shift sedation, cancel removes, pocket inventory, anomalous usage)

Surveillance practices and techniques (e.g., reconciliation of invoices to purchase history reports, check list to verify all paperwork is complete, records audits)
Signs of product tampering and/or alteration (e.g., vials tops that don't twist easily, chipped tablets, drug assay sampling)
Signs of and methods to detect fraudulent prescriptions

Exam Passing Score
A panel of subject-matter experts established a passing score for the Controlled Substances Diversion Prevention Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Controlled Substances Diversion Prevention Exam is 300. The range of possible scores is 0 to 400.

ADVANCED CERTIFIED PHARMACY TECHNICIAN CREDENTIAL
Earning your Controlled Substances Diversion Prevention Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Hazardous Drug Management Assessment-Based Certificate Program

Hazardous Drug Management Certificate Program

Scope
PTCB Hazardous Drug Management certificate holders have demonstrated their knowledge of USP 800 and disposal requirements for hazardous drugs and are prepared to play a vital role in helping ensure the compliance and safety of the facility.

Important Update: On December 17, 2024, the CDC announced the publication of the NIOSH List of Hazardous Drugs in Healthcare Settings, 2024 to replace the previous NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016. Please note that PTCB's Hazardous Drug Management Exam reflects knowledge of the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016. The exam will be updated in March of 2025 to reflect the 2024 NIOSH List. Please reach out to PTCB customer service if you require an extension of your exam authorization.

Eligibility Requirements
A candidate must hold an active PTCB CPhT Certification and complete a PTCB-Recognized Hazardous Drug Management Education/Training Program.>var js,p=/^http/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("script");js

Exam
Candidates are required to pass the Hazardous Drug Management Exam to earn the PTCB Hazardous Drug Management Certificate. The Hazardous Drug Management Exam is a computer-based exam with 55 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Hazardous Drug Management Exam covers several knowledge areas organized into six domains, as shown in the following table.

Engineering Controls (22%)
Features and characteristics of facilities and engineering controls that must be maintained within a healthcare environment when receiving and storing hazardous drugs.
Features and characteristics of facilities and engineering controls that must be maintained within a healthcare environment when manipulating (e.g., sterile and non-sterile compounding, packaging) hazardous drugs.
Facility Cleaning (16%)
Processes and procedures for deactivating, decontaminating, cleaning, and disinfecting areas where hazardous drugs are handled.
Procedures for responding to accidental exposure and spills of hazardous drugs.
Personal Protective Equipment (PPE) (13%)
Personal protective equipment (PPE) requirements when handling hazardous drugs based on the pharmacy activity (e.g., compounding, receiving).
Process for disposing PPE.
Transport & Receiving (11%)
Procedures and environmental requirements for transport and receiving hazardous medications.
Procedures for handling damaged shipping containers containing hazardous drugs.
Dispensing Final Dosage Forms (16%)
National Institute for Occupational Safety and Health (NIOSH) criteria for defining hazardous drugs and tables listing hazardous drugs.
Containment supplemental engineering controls, protective medical devices, and techniques for administering hazardous drugs to patients.
Administrative (22%)
Federal regulations pertaining to the disposal of hazardous drugs.
Medical surveillance programs and surface wipe sampling.
Best practice facility standard operating procedures (SOPs), including area-specific SOPs, for the handling of hazardous drugs.
Hazardous drug training and competency requirements.

Exam Passing Score

A panel of subject-matter experts established a passing score for the Hazardous Drug Management Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Hazardous Drug Management Exam is 300. The range of possible scores is 0 to 400.

ADVANCED CERTIFIED PHARMACY TECHNICIAN CREDENTIAL

Earning your Hazardous Drug Management Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Immunization Administration Assessment-Based Certificate Program

Immunization Administration Certificate Program

Scope

PTCB Immunization Administration Certificate holders have demonstrated their advanced skills and commitment to patient and community care by minimizing the spread of disease in the community, especially as vaccines are delivered in massive

quantities to prevent the spread of COVID-19.

Eligibility Requirements

A candidate must hold an active PTCB CPhT Certification and complete a <u>PTCB-Recognized Immunization Administration Education/Training Program</u>>var js,p=/^http:/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("script");j

Exam

Candidates are required to pass the Immunization Administration Exam to earn the PTCB Immunization Administration Certificate. The Immunization Administration Exam is a multiple-choice exam that contains 60 questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, and 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Immunization Administration Exam covers several knowledge areas organized into three domains, as shown in the following table.

Concepts/ Terminology of Vaccine Administration (30%)
Roles of pharmacy technicians in supporting immunizations
Definition of key terms in the immunization process (e.g., active vs. passive immunity, inactivated vs. LAV)
Common vaccinations and vaccination schedules (e.g., influenza, zoster, Pneumococcal, Tdap)
Vaccine Safety and Administration (50%)
Preparation for vaccine administration, including supply selection (e.g., reconstitution, needle length)
Procedures for vaccine administration: SQ, IM, IN
Safety considerations during vaccine administration (e.g., handling and disposal of sharps)
Documentation, Product Handling, and Adverse Reaction Management for Vaccines (20%)
Procedures for immunization-related documentation (e.g., VIS form)
Procedures for receiving, storing, and handling of vaccines (e.g., cold chain, disposal)
Managing vaccine-related adverse reactions and emergency situations (e.g., localized reactions, syncope, anaphylaxis, VAERS vs. VERP)

Exam Passing Score

A panel of subject-matter experts established a passing score for the Immunization Administration Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Immunization Administration is 300. The range of possible scores based on the exam content outline is 0 to 400.

ADVANCED CERTIFIED PHARMACY TECHNICIAN CREDENTIAL

Earning your Immunization Administration Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Medication History Assessment-Based Certificate Program

Medication History Certificate Program

Scope

PTCB Medication History certificate holders have demonstrated the necessary training, experience, and knowledge to be entrusted to collect an accurate medication history from patients in any health-care setting.

Eligibility Requirements
A candidate must hold an active PTCB CPhT Certification and fulfill one of the following eligibility pathways:

Pathway 1: Completion of a PTCB-Recognized Medication History Education/Training Program>var js,p=/^http/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("sc least 6 months of experience conducting medication histories and/or similar experiences of patient-focused communication.*

Pathway 2: At least 12 months of full-time employment with experience conducting medication histories and/or similar experiences of patient-focused communication.*

Approximately 50% of time spent in work activities should involve patient-focused communication (e.g., intake of new patients/prescriptions, answering patient questions). The intention of the requirement is that pharmacy technicians with full-time work experience in community pharmacies and/or work experience in ambulatory/hospital roles focused on taking medication histories will meet the spirit of the requirement.

Candidates are required to complete and upload the Supervisor Attestation Form for the PTCB Medication History Certificate Program at the time of application submission.

Exam
Candidates are required to pass the Medication History Exam to earn the PTCB Medication History Certificate. The Medication History Exam is a computer-based exam with 70 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Medication History Exam covers several knowledge areas organized into two domains, as shown in the following table.

Concepts/Terminology of Medication History (45%)
Definitions of key terms in the medication history process (e.g., medication allergy vs. medication intolerance, medication adherence)
Translation between patient-friendly terms and medical terminology
Adherence metrics and differences between primary and secondary nonadherence
Common vaccinations and vaccination schedules
Patient Safety and Quality Assurance Strategies (55%)
Types of prescription/medication errors (e.g., abnormal doses, incorrect quantity, incorrect strength, incorrect drug, incorrect route of administration, incorrect directions, wrong timing, missing dose, misinterpretation of drug concentration)
Potential impact of medication errors, including look-alike/sound-alike medications (e.g., ampicillin/amoxicillin)
Patient factors that influence the ability to report medication information accurately and adhere to prescribed dosing schedules
HIPAA and best practices to maintain patient confidentiality during patient conversations
Techniques or devices to assist with safe and consistent home medication use (e.g., pill boxes, medication calendars, medication alarms)
Procedures to verify patient identity, including appropriate identifiers and knowledge of limitations for different identifiers

Exam Passing Score
A panel of subject-matter experts established a passing score for the Medication History Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Medication History Exam is 300. The range of possible scores based on the exam content outline is 0 to 400.

Advanced Certified Pharmacy Technician Credential

Earning your Medication History Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Medication Therapy Management Assessment-Based Certificate Program

Medication Therapy Management Certificate Program

Scope
PTCB Medication Therapy Management certificate holders have demonstrated their advanced understanding of third-party payers and reimbursement systems utilized within the pharmacy. Individuals who earn the certificate will demonstrate that they not only have the necessary foundational knowledge but are capable of playing a leadership role in this crucial administrative function for a pharmacy, which helps patients access medication.

Eligibility Requirements
A candidate must hold an active PTCB CPhT Certification and complete a PTCB-Recognized Medication Therapy Management Education/Training Program>var js,p=/^http/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("script");js

Exam
Candidates are required to pass the Medication Therapy Management Exam to earn the PTCB Medication Therapy Management Certificate. The Medication Therapy Management Exam is a computer-based exam with 65 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Medication Therapy Management Exam covers several knowledge areas organized into three domains, as shown in the following table.

Medications and Medical Concepts (40%)
Medication strengths/dose, drug class, dosage forms, routes of administration, special handling/storage and administration instructions, and duration of drug therapy.
Interchangeable drug classes and dosage forms (i.e., to identify cost saving opportunities).
Patient-friendly terms for medical terminology.
Definitions of key terms in a medication history process (e.g., medication allergy vs. medication intolerance, medication adherence).
Definitions of key terms for medical history (e.g, medical conditions, social history, immunizations).
Common medication-related problems (e.g., side effects, non adherence, affordability, gap in therapy).
Lab measures (e.g., A1C, potassium, blood pressure) and related medical terms.
Patient Safety and Quality Assurance Strategies (36%)
Calculate adherence (e.g., days' supply, quantity, dose, proportion of days covered).
Systematically review information for accuracy and completeness (e.g., components of MAP, CMR documentation, PMR, required MTM billing fields).
Types of prescribing errors and inappropriate prescribing (e.g., abnormal doses, incorrect strength, incorrect drug, incorrect route of administration, incorrect directions, wrong timing, missing dose).
Potential impact of prescribing errors and medication problems (e.g., inappropriate dosing schedule, inappropriate therapy, duplicate therapy, interactions or conflicting therapies)
MTM Administration & Management (24%)

Definition and purpose of MTM programs and core service elements (medication therapy review (MTR), personal medication record (PMR), medication-related action plan (MAP), intervention and/or referral, documentation and follow-up).
CMS requirements for offering MTM services.
Decision making and prioritization (e.g., recently discharged patients, follow-up versus new outreach, serious errors identified) when tracking stages of service (pending, in progress, complete) and maintaining schedules and timelines for documentation, follow up, and billing for MTM services.

Exam Passing Score

A panel of subject-matter experts established a passing score for the Medication Therapy Management Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Medication Therapy Management Exam is 300. The range of possible scores is 0 to 400.

Advanced Certified Pharmacy Technician Credential

Earning your Medication Therapy Management Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Nonsterile Compounding Assessment-Based Certificate Program

Nonsterile Compounding Certificate Program

Scope

PTCB Nonsterile Compounding certificate holders have demonstrated an expert knowledge of regulations and required processes for nonsterile compounding; compounding types, equipment, and formulations; and collecting patient information and identifying medication formulations.

Eligibility Requirements

A candidate must hold an active PTCB CPhT Certification and complete a PTCB-Recognized Nonsterile Compounding Education/Training Program>var
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Exam

Candidates are required to pass the Nonsterile Compounding Exam to earn the PTCB Nonsterile Compounding Certificate. The Nonsterile Compounding Exam is a computer-based exam with 70 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Nonsterile Compounding Exam covers several knowledge areas organized into two domains, as shown in the following table.

Regulations, Standards, and Guidelines (28%)
Terminology and acronyms used in regulations, standards and guidelines related to nonsterile compounding
Roles of various standards setting, regulatory, and accreditation bodies
Roles of pharmacy technicians in nonsterile compounding

References used for nonsterile compounding (e.g., technical, clinical, regulatory)
Nonsterile Compounding Processes (72%)
Drugs and components used in nonsterile compounding including physical and chemical compatibility criteria
Nonsterile compounding dosage forms and routes of administration
Container closure systems and packaging used for nonsterile compounding
Nonsterile compounding equipment calibration, maintenance, cleaning, and use
Appropriate use of disposable supplies
Cleaning, sanitization, and appropriate use of reusable supplies
Weighing, measuring, and mixing techniques
Compounding process for nonsterile dosage forms
Garb and PPE used for nonsterile compounding (HD and non-HD)
Agents, supplies, and techniques used for deactivating, decontaminating, cleaning, and sanitizing for HD and non-HD areas
Calibration, maintenance, and use of equipment for environmental monitoring (e.g., temperature, humidity, and pressure)
Quality assurance and quality control processes including documentation requirements used prior to and throughout the compounding process (e.g., from vendor qualification to documenting and investigating patient complaints)

Exam Passing Score

A panel of subject-matter experts established a passing score for the Nonsterile Compounding Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Nonsterile Compounding Exam is 300. The range of possible scores is 0 to 400.

Advanced Certified Pharmacy Technician Credential

Earning your Nonsterile Compounding Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Point-of-Care Testing Assessment-Based Certificate Program

Point-of-Care Testing Certificate Program

Scope

PTCB Point-of-Care Testing certificate holders have demonstrated their advanced understanding of third-party payers and reimbursement systems utilized within the pharmacy. Individuals who earn the certificate will demonstrate that they not only have the necessary foundational knowledge but are capable of playing a leadership role in this crucial administrative function for a pharmacy, which helps patients access medication.

Eligibility Requirements

A candidate must hold an active PTCB CPhT Certification and complete a PTCB-Recognized Point-of-Care Testing Education/Training Program>var js,p=/^http:/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("script");js

Exam

Candidates are required to pass the Point-of-Care Testing Exam to earn the PTCB Point-of-Care Testing Certificate. The Point-of-Care Testing Exam is a computer-based exam with 60 multiple-choice questions. Be prepared to commit 1 hour and

30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Point-of-Care Testing Exam covers several knowledge areas organized into four domains, as shown in the following table.

Safety and Precautions (16%)
Roles of pharmacists and pharmacy technicians in POC testing
OSHA Bloodborne Pathogen Standard and related safety considerations
Biohazard waste handling and disposal
Personal protective equipment (PPE) necessary to protect patients and those administering tests
Need for and methods to confirm patient identity
Diseases and Specimens (34%)
Basic anatomical and physiological terms related to tests
Common specimen types (e.g., whole blood, saliva) and their location on/in the body
Signs, symptoms, and characteristics of common chronic disease states (e.g., hypertension, diabetes, hypercholesterolemia) where POCT may be relevant
Signs, symptoms, and characteristics of common acute infections where POCT may be relevant
Collecting a focused health history (e.g., acute symptoms [e.g., CENTOR score], medication allergies, signs of disease [e.g., swelling, bruising])
CLIA-waived Tests (30%)
Clinical Laboratory Improvement Amendments (CLIA) of 1988 as it pertains to POC tests
CLIA waiver process, CLIA Certificate of Compliance, and CLIA Certificate of Accreditation
Devices and technology used in common POC tests
Conditions and uses for common tests (e.g., Prothrombin time [PT], Influenza, Streptococcus, A1C, HIV, Hepatitis C, COVID-19, glucose, cholesterol)
Understanding and following manufacturer instructions for tests
Test Results, QC, and Recording (20%)
Qualitative and quantitative test results and their characteristics and related concepts (e.g., time since exposure, terms "false positive" and "false negative")
Requirements and best practices in recording results
Identifying invalid or anomalous results
Labeling and documentation requirements for patient samples
QC testing methods (i.e., external, internal) and when they should be used

Exam Passing Score
A panel of subject-matter experts established a passing score for the Point-of-Care Testing Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Point-of-Care Testing Exam is 300. The range of possible scores is 0 to 400.

Advanced Certified Pharmacy Technician Credential
Earning your Point-of-Care Testing Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Regulatory Compliance Assessment-Based Certificate Program

Regulatory Compliance Certificate Program

Scope
PTCB Regulatory Compliance certificate holders have demonstrated expert knowledge of regulatory compliance, including understanding pharmacy laws, regulations, legal requirements, and practice standards.

Eligibility Requirements
A candidate must hold an active PTCB CPhT Certification and complete a PTCB-Recognized Regulatory Compliance Education/Training Program.

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Exam
Candidates are required to pass the Regulatory Compliance Exam to earn the PTCB Regulatory Compliance Certificate. The Regulatory Compliance Exam is a computer-based exam with 70 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Regulatory Compliance Exam covers several knowledge areas organized into three domains, as shown in the following table.

Laws, Regulations, and Guidelines (37%)
Roles of various regulatory bodies
Use of USP Standards pertaining to Regulatory Compliance (e.g., appropriate application and interpretation of USP Chapters)
Federal requirements for pharmacy (e.g., non-discrimination; fraud, waste, and abuse; OIG exclusion list; HIPAA; SAMHSA; Nuclear Regulatory Commission (NRC))
Environmental Protection Agency's (EPA) hazardous waste management in the pharmacy
Federal Controlled Substances Act
Federal Food, Drug, and Cosmetic Act (FDCA)
Drug Quality and Security Act (DQSA)—Title I Compounding Quality Act (CQA), Title II Drug Supply Chain Security Act (DSCSA)
Accreditation Standards (e.g., types of accreditations, elements of accreditation, reasons for accreditation)
Legal Requirements and Practice Standards (37%)
Regulatory and accreditation-related terminology (e.g., statute, law, regulation, standard, code, certification, certificate, licensure, registration)
Basic principles that serve as the foundation for pharmacy laws and pharmacy ethics (e.g., evolution of the FD&C Act, other key legislation that has shaped pharmacy practice)
Federal requirements (e.g., DEA, FDA) for controlled substances (i.e., receiving, storing, ordering, labeling, dispensing, reverse distribution, take back programs, and loss or theft of)
Federal requirements for handling and disposal of non-hazardous, hazardous, and pharmaceutical substances and waste
Federal requirements for restricted drug programs and related medication processing (e.g., pseudoephedrine, Risk Evaluation and Mitigation Strategies [REMS])
Laws and/or regulations regarding compliance and auditing functions
Federal requirements pertaining to the medication dispensing process
Federal requirements pertaining to personnel competency

Federal requirements pertaining to compounding sterile preparations (CSP)
Federal requirements pertaining to non-sterile compounding
Licensing and reporting requirements for personnel and facility
Patient Safety and Quality Assurance Strategies (26%)
Elements of compliance programs (e.g., Just Culture, continuous quality improvement (CQI), quality assurance (QA), patient safety organization (PSO))
Methods or techniques to systematically improve accuracy (e.g., barcode scanning, Failure Mode and Effects Analysis (FMEA), Root Cause Analysis (RCA))
Cause and impact of medication dispensing errors (e.g., abnormal doses, early refill, incorrect quantity, incorrect strength, incorrect patient, incorrect drug, incorrect route of administration, incorrect directions, wrong timing, missing dose, misinterpretation of drug concentration)
Cause and impact of other types of quality-related events (e.g., incomplete counseling, patient language barrier, adverse events)
Medication storage requirements (e.g., refrigeration, freezing)
Rules, policies and regulations related to the disposal of pharmaceutical drugs (e.g., prescription drug take back programs; proper medication destruction)
Reporting of medication errors and quality-related events (e.g., internal reporting, MedWatch, VAERS, Board of Pharmacy)
Institute for Safe Medication Practices (ISMP) best practices (e.g., List of High-Alert Medications; Targeted Medication Safety Best Practices for Hospitals; Safe Preparation of Compounded Sterile Preparations; look-alike/sound-alike medications)

Exam Passing Score
A panel of subject-matter experts established a passing score for the Regulatory Compliance Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Regulatory Compliance Exam is 300. The range of possible scores is 0 to 400.

Advanced Certified Pharmacy Technician Credential
Earning your Regulatory Compliance Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Supply Chain and Inventory Management Assessment-Based Certificate Program

Supply Chain and Inventory Management Certificate Program

Scope
PTCB Supply Chain and Inventory Management certificate holders have demonstrated knowledge of laws and regulations, administrative processes, inventory management, and documentation requirements.

Eligibility Requirements
A candidate must hold an active PTCB CPhT Certification and complete a <u>PTCB-Recognized Supply Chain and Inventory Management Education/Training Program</u>.>var js,p=/^http/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("script");js

Exam
Candidates are required to pass the Supply Chain and Inventory Management Exam to earn the PTCB Supply Chain and

Inventory Management Certificate. The Supply Chain and Inventory Management Exam is a computer-based exam with 75 multiple-choice questions. Be prepared to commit 1 hour and 30 minutes for the exam (5-minute tutorial, 1 hour and 20-minute exam, and 5-minute post-exam survey).

Exam Content Outline

The Supply Chain and Inventory Management Exam covers several knowledge areas organized into three domains, as shown in the following table.

Laws, Regulations, and Guidelines (37%)
Role and jurisdiction of FDA in ensuring safety, efficacy, and security of drugs
FDA registration requirements and trading partner reporting requirements
Role and jurisdiction of DEA in ensuring safety, efficacy, and security of drugs
DEA registration requirements and registrant reporting requirements
Role of State Boards of Pharmacy in ensuring safety, efficacy, and security of drugs (e.g., licensure of supply chain entities)
Products subject to the DSCSA and exceptions
DSCSA Track and Trace requirements (i.e., serialization)
Types and purpose of transaction data (i.e., T3) and methods of transmission (e.g., EDI)
Requirements for receiving medications under the DSCSA and signs and characteristics of suspect products (e.g., counterfeits, diverted drugs, grey market products, misbranded products, and products of poor integrity)
Inventory Management, Documentation, and Recordkeeping (35%)
Documentation and file maintenance requirements (e.g., invoices, recalls, wastage, inventory records, hazardous drugs)
Controlled substance records and reporting (e.g. theft/loss, inventories, wastage, reverse distributed)
Types of inventory management (e.g., want book, par levels, just-in-time, perpetual, formulary and non-formulary, seasonal and emergency forecasting, automation)
Considerations for determining inventory days' supply/inventory "turns"
Drug shortage mitigation and implications (e.g., significant pricing increases)
Characteristics of contract types and compliance requirements (e.g., market share and tiers, individual contracts vs GPO, 340B, formularies, buying groups, consignment, and state vaccine programs)
Understand other sources of products for administration to patients such as 503A pharmacy compounded products and white/brown/clear "bagging"
Types of Suppliers and Supply Chain Entities (28%)
Purpose and scope of suppliers and supply chain entities, including what they do, when and why to use them, and what they are not allowed to do. ? Manufacturers Rx and OTC ? Repackagers and relabelers ? Primary Wholesale Distributors ? Secondary and Specialty Wholesale Distributors ? OTC-only Distributors ? Virtual Manufacturers and Virtual Wholesalers ? Third-Party Logistics (3PLs)
503B Outsourcing Facilities
Foreign sourcing
Types of and requirements for drug transfers* between pharmacies

Note: "transfer" means the physical transfer of the prescription drug, not the transfer of a patient prescription from one pharmacy to another.

Exam Passing Score
A panel of subject-matter experts established a passing score for the Supply Chain and Inventory Management Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified

pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Supply Chain and Inventory Management Exam is 300. The range of possible scores is 0 to 400.

Advanced Certified Pharmacy Technician Credential

Earning your Supply Chain and Inventory Management Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

Technician Product Verification Assessment-Based Certificate Program

Technician Product Verification Certificate Program

Scope

PTCB Technician Product Verification (TPV) certificate holders have demonstrated the knowledge and skill necessary to perform the final product check in both health-system and community pharmacy settings. Subject to additional state or facility requirements, they are ready to perform this vital function, thereby enabling pharmacists to focus on other areas of patient care.

Eligibility Requirements

A candidate must hold an active PTCB CPhT Certification and fulfill one of the following eligibility pathways:

Pathway 1: Completion of a <u>PTCB-Recognized Technician Product Verification Education/Training Program</u>.>var js,p=/^http:/.test(document.location)?"http":"https";if(!document.getElementById("cobalt-wjs")){js=document.createElement("sc

Pathway 2: Completion of a <u>state board-approved validation program</u>.*

*Applications submitted under Pathway 2 will be held for review to determine eligibility.

Exam

Candidates are required to pass the Technician Product Verification Exam to earn the PTCB Technician Product Verification Certificate. The TPV Exam is a computer-based exam with 120 questions. Be prepared to commit 2 hours for the exam (12-minute tutorial, 1 hour 45-minute exam, and 3-minute post-exam survey).

Exam Passing Score

A panel of subject-matter experts established a passing score for the Technician Product Verification Exam using industry best practices. The method used by the panel, as directed by a psychometrician, is the modified-Angoff method. This method requires experts (panel members) to evaluate individual test questions and estimate the percentage of qualified pharmacy technicians that would be able to answer each question correctly. These estimates were analyzed for consistency and averaged to produce the passing score. The passing score and candidate results are reported as scaled scores. The passing scaled score for the Technician Product Verification Exam is 300. The range of possible scores is 0 to 400.

Advanced Certified Pharmacy Technician Credential

Earning your TPV Certificate takes you one step closer to becoming a PTCB Advanced Certified Pharmacy Technician (CPhT-Adv). Active PTCB CPhTs who have completed at least four of the certificate programs, or three certificate programs and the Compounded Sterile Preparation Technician (CSPT) Certification, and 3 years of work experience will be eligible to earn a CPhT-Adv credential.

General Application Information

PTCB Credential Application Process

PTCB accepts applications for certification year-round on a continuous basis. Applicants apply for certification online at ptcb.org. Online applications require payment by credit card payment.

First-time candidates must register for a PTCB Account to apply. Candidates who previously applied should log into their PTCB Account to submit a new application.

A paper application is only available to those with a disability or hardship that precludes using the online application. Requests to use the paper application must be submitted in writing to PTCB and include appropriate documentation of the disability or hardship.

As part of the application, candidates agree to be bound by PTCB Policies and Procedures as explained in the Certification Guidelines and Requirements and must declare whether they meet the eligibility requirements for PTCB Certifications.

A candidate may be disqualified for PTCB Certifications upon the disclosure or discovery of:

- Criminal conduct involving the candidate.
- State Board of Pharmacy registration or licensure action involving the candidate.
- Violation of a PTCB Certification policy, including but not limited to the Code of Conduct.

PTCB reserves the right to investigate criminal background, verify candidate eligibility and deny certification to any individual. It is the responsibility of the PTCB credential holder to report any felony conviction, drug or pharmacy-related violations, or State Board of Pharmacy action taken against their license or registration at the occurrence and at the time of recertification to PTCB for review. Disqualification determinations are made on a case-by-case basis.

Certification Eligibility Misconduct Disclosures

During the application process, candidates are required to disclose any and all criminal matters of which they are the subject, including but not limited to, investigations or disciplines by a government agency or other authority such as a State Board of Pharmacy, a professional association, or a credentialing organization.

Candidates must provide a complete, detailed explanation of the circumstances related to the misconduct including, but not limited to, all official information related to these matters. Disclosures must include all related documents issued by a court, government agency or other authority, professional association or credentialing organization that explains the matter and how it was resolved. At a minimum, the documentation must include the candidate's name, the offense/charge, date of the incident and the current status or final outcome.

The following criteria will be applied by PTCB in order to make individual eligibility determinations where the candidate has been the subject of criminal, professional misconduct, and/or government agency disciplinary matters.

1. The relationship of the criminal, professional misconduct, or disciplinary matter to the applicant's professional activities and/or ethical responsibilities;
2. The severity of the criminal, professional misconduct, or disciplinary matter, including any injury to person(s) or property related to the criminal, professional misconduct, or disciplinary matter;
3. The amount of time that has passed since the criminal, professional misconduct, or disciplinary matter;
4. The imposition and completion of any court, agency, or organizational conditions and/or requirements related to the criminal, professional misconduct, or disciplinary matter; and,
5. Whether the criminal, professional misconduct, or disciplinary matter is part of a pattern of criminal, unethical, or otherwise improper conduct.

Based on its review of such matters, PTCB will determine whether the candidate is: eligible for certification; temporarily or permanently disqualified from eligibility; and/or, subject to eligibility conditions. Disqualification determinations are made on a case-by-case basis. Candidates can submit documentation using the PTCB Help Center.

Candidates have 30 days from the application submission date to submit supporting documentation to PTCB. **PTCB will not review supporting documentation prior to receiving a submitted application.** *After 30 days, candidates with incomplete applications will receive a refund of any examination fees paid, less an administrative fee of $50.*

Testing Accommodations

The Pharmacy Technician Certification Board (PTCB) complies with the Americans with Disabilities Act of 1990 (ADA). To ensure equal opportunities for all qualified persons, PTCB will make reasonable testing accommodations for candidates when appropriate, and consistent with such legal requirements. PTCB will consider requests for testing accommodations related to any PTCB exams from candidates with a documented disability that substantially limits the candidate's sensory, manual, speaking, or other functional skills, including a disability that impairs significantly the candidate's ability to arrive at, read, or

otherwise complete, the examination. These accommodations can include additional time to complete the exam or use of approved auxiliary aids.

PTCB requires that each candidate requesting a testing accommodation do so during the application process. Candidates must download the Testing Accommodations Form and are required to submit the completed form within 30 days of submitting an application. Candidates can submit the completed form using the PTCB Help Center. A physician or other qualified professional who has made an individualized assessment related to the candidate's disability must provide the required information concerning the disability and the requested accommodation. A qualified professional is a licensed or otherwise properly credentialed individual who possesses expertise in the disability for which an accommodation is sought. The information and any documentation that a candidate provides regarding his/her disability and the need for accommodation(s) will be treated as confidential.

Candidates that have been approved for testing accommodations within the last 12 months do not need to resubmit documentation unless their diagnosis or accommodation request has changed.

Candidates with approved testing accommodations must call Pearson VUE at (800) 466-0450 to schedule an exam appointment. Candidates who schedule appointments through any other means (e.g., online, via a different number) will not have their accommodations available for the appointment.

PTCB will not review supporting documentation prior to receiving a submitted application. After 30 days, candidates with incomplete applications will receive a refund of any examination fees paid, less an administrative fee of $50.

Direct Billing
Direct billing is a simple way for employers and educators to pay for employees or students to earn or renew PTCB credentials. Sponsored candidates are candidates whose fees are being paid by their employer or educational institution. Currently, PTCB offers four direct billing options:

- Vouchers
- IP Address Identification
- Pre-approval
- Token

Candidates whose fees are paid by their employer or educational institution should contact their sponsor representative for specific instructions. Learn how an employer or educational institution can enroll in direct billing. Please note that in some cases, a sponsor must approve a candidate's sponsorship before PTCB will review an application for authorization.

Authorization to Schedule Exam
Once an application is approved, candidates will receive an authorization to schedule their exam via email from PTCB. The authorization period for candidates is 90 days. The authorization period for sponsored candidates may differ, as determined by the sponsor. If the authorization period expires before a candidate takes the exam, the candidate will forfeit all fees and must reapply to take the exam (See Withdrawing an Application).

Candidates have the option of extending their exam authorization period for an additional 90 days through their PTCB Account.* They must request the extension within the 90-day authorization period.

Candidates are limited to two 90-day extensions.

Updating Contact Information
Name Changes

Candidates must notify PTCB as soon as possible if their legal name changes, or if their name appears incorrectly in their PTCB Account. If the name PTCB has on file for a candidate does not match the name on the candidate's identification, the candidate will be denied admission to the test center and will forfeit their fees.

Candidates who have had a legal name change must submit a copy of the original documentation (e.g., marriage license, divorce decree). Candidates who need to correct other inaccuracies (e.g. misspellings) must submit a copy of a valid government-issued photo-ID. Candidates and PTCB credential holders can submit name change requests by logging into their PTCB Account. Documentation must be received by PTCB at least ten (10) business days before a scheduled exam appointment. Candidates unable to submit the required documentation within this time frame must withdraw their application (see Withdrawing an Application).

Other Changes

Candidates can update their mailing address, email address, and phone number within their PTCB Account.

Please note that certificates are the property of PTCB, and must be surrendered upon request. If a certificate is lost, technicians must notify PTCB immediately.

Withdrawing an Application
PTCE® and CSPT® Candidates

CPhT and CSPT Certification candidates who are unable to test within their 90-day authorization period, or simply wish to withdraw, may do so within their PTCB Account. Candidates with scheduled exam appointments must first cancel the appointment with Pearson VUE (See Changing an Exam Appointment). Candidates must withdraw an application on or before the last day of their authorization period to be eligible for a refund. Candidates who successfully withdraw will receive a refund of any examination fees paid, less an administrative fee. Refunds are issued in the original form of payment within approximately 3-4 weeks.

Assessment-Based Certificate Program Candidates

Applications for PTCB's Assessment-Based Certificate Programs cannot be withdrawn. However, if an emergency occurs on the day of the exam appointment, candidates may submit an Emergency Withdrawal Request.

Fees and Payment Methods
The current list of initial certification and certificate fees is shown below. Candidates can pay fees by credit/debit card (American Express, Discover, MasterCard, or VISA). Please review PTCB's Refund Policy for additional information.

Certification and Assessment-Based Certificate Program Fees

CPhT CERTIFICATION	CSPT CERTIFICATION	ASSESSMENT-BASED C
Application & Exam Fee: $129	Application Fee (nonrefundable): $50*	Application & Exam Fee (r
Exam Authorization Extension (nonrefundable): $20	Exam Registration Fee: $149	Exam Authorization Extens
	Exam Authorization Extension (nonrefundable): $20	

 *The one-time fee is required per one-year CSPT Candidacy Eligibility Window.
**An administrative fee is charged for any payment returned by a bank for insufficient funds, processing of refunds due to an incorrect payment, and withdrawn or denied certification applications. Refunds are issued in the original form of payment.*

Exam Appointments

Scheduling an Exam Appointment
Candidates authorized to schedule an exam may schedule their exam appointment within their PTCB Account or by calling Pearson VUE directly at (866) 902-0593 between 7:00 AM to 7:00 PM CT, Monday through Friday. Candidates will receive a confirmation email after scheduling an appointment. It is the candidate's responsibility to ensure the time, date, and location listed on the confirmation email accurately reflects their selection.

Pearson Test Center Locations
PTCB exams are administered at Pearson VUE test centers nationwide; however, not all test centers administer specific PTCB exams. To find the closest one, visit the Pearson VUE website or call (866) 902-0593. Most test centers are open Monday through Saturday during normal business hours.

Military Testing Sites (Military Applicants Only)
PTCB works with the U.S. Armed Forces to make PTCB exams available to military personnel and their qualifying dependents. Qualifying individuals are permitted to take the examination at approved military sites. Eligible candidates should contact their local military center or visit the Pearson VUE website dedicated to U.S. Service members at pearsonvue.com/military.

Changing an Exam Appointment

Candidates may reschedule or cancel exam appointments within their authorization period. There is no charge for rescheduling or canceling exam appointments. To reschedule or cancel an appointment, click **My Scheduled Exam** within your PTCB Account or call Pearson VUE at (866) 902-0593.

Test Center Exam

Exam appointments must be rescheduled or canceled at least 24 hours before the scheduled appointment.*

If you need to reschedule or cancel a Monday exam appointment, and you prefer to call Pearson VUE instead of using your PTCB Account, you must do so by 7:00 PM CT on Friday.

Online Proctored Exam

Candidates scheduled to take an online proctored exam may reschedule or cancel their exam up to 30 minutes before their scheduled appointment time. Learn more about rescheduling an online proctored exam.

Missed Appointments

Candidates who fail to appear for a scheduled exam appointment will forfeit all fees. Candidates may submit a withdrawal request if an emergency occurs on the day of the exam appointment that prevents a candidate from taking the test. For more information on what PTCB considers an emergency, please see the Emergency Withdrawals section.

Emergency Withdrawals

Candidates may submit an emergency withdrawal request if an emergency occurs on the day of the exam appointment. Examples of what PTCB considers an emergency include a serious illness, injury or unexpected hospitalization, a death in the immediate family, a serious accident, or a court appearance. Candidates must submit an Emergency Withdrawal Request Form along with official documentation of the emergency (e.g., hospital documents, police report, obituary). Emergency withdrawal requests must be received by PTCB no later than 48 hours after the last day of the candidate's authorization period. If approved, candidates may either receive an extension in order to reschedule their exam or receive a full refund* of any examination fees paid. Refunds will be issued in the original form of payment within 3 weeks.

Sponsored candidates will not receive a refund.

Exam Day

Identification Requirements

To take a PTCB Certification exam, all candidates must present a valid, unexpired, government-issued original ID with a photograph and signature. The proof of identity must be an original document (not a photocopy or digital ID) and the name on the ID must match the candidate's name as it appears within their PTCB Account (exceptions noted below).

Test Center

Candidates who arrive at the test center without an acceptable ID will not be allowed to test and will forfeit all fees. The following are approved forms of ID:

- Passport/Passport Card
- Government-issued Driver's License or Learner's Permit
- Government-issued Identification Card
- Military ID
- Permanent Resident Card (Green Card)
- US Department of Homeland Security-issued Employment Authorization Card

If the primary form of ID does not include a signature, candidates must present a valid, unexpired secondary form of ID that contains the candidate's first and last name and includes a signature. The secondary ID must be original and cannot be a photocopy or an electronic version. The following are examples of approved secondary forms of ID:

- Credit Card
- ATM/Debit Card
- Employee/School ID

Learn more about acceptable forms of ID.

Exceptions

If a candidate presents an expired driver's license AND an electronic or hard copy receipt for renewal but has not yet received the license, they will be permitted to test if the renewal receipt has not expired. If the renewal receipt is expired, the candidate will not be permitted to test. Temporary licenses are acceptable with all required elements (contains a photo and accompanied by the expired license).

Pearson VUE staff will match the name on the candidate's ID to the name in their system (i.e., the candidate's name as it appears within their PTCB Account). The name on their ID must match exactly, with a few exceptions:

- A hyphen is used on one document but not on another. (Disregard the hyphen). Example: Sarah Johnson Wells OR Sarah Wells are both acceptable matches for Sarah Johnson-Wells.
- Sara Johnson and Sara Myers are individually acceptable as the same person when compared to Sara Johnson-Myers, Sara Johnson Myers, Sara Myers-Johnson, and Sara Myers Johnson because one of the names, either the registration or the ID, has both last names.
- Sara Johnson is not acceptable as Sara Myers without an original marriage certificate, divorce decree, or other legal documentation of a name change since neither name contains both the candidate's current and former last name.
- Sara Johnson Myers is acceptable for Sara Johnson without an original marriage certificate, divorce decree, or other legal documentation of a name change. If the candidate's maiden and last names are on their ID, it is acceptable regardless of the order in which they appear.
- Names with initials and reversed names are acceptable:
  - J Smith and John Smith are acceptable discrepancies
  - Smith J and J Smith are acceptable discrepancies
  - John Smith and Smith John are acceptable discrepancies
  - Smith J and John Smith are acceptable discrepancies, as are J Smith and John Smith

Online Proctored Testing

Before testing online, candidates will need to provide a headshot photo of themselves, their identification (ID), and their testing space. Identification must meet the requirements outlined below.

- All IDs must be valid (unexpired) government-issued originals (i.e., not a photocopy or an electronic version)
- IDs must include the candidate's name and a recent, recognizable photo
- The first and last name on the ID must match the first and last name used to register for the exam

For candidates under 18 years of age, a parent or guardian must present their own ID during check-in and give consent for the candidate to be recorded. If they have one, the candidate must also present a government-issued ID. If they do not, a student ID will suffice.

Learn more about acceptable forms of ID for online proctored testing.

Testing Rules
During an exam administration, if a candidate experiences any problems or has questions or concerns, they are encouraged to notify the test administrator or proctor during the exam session. Pearson VUE reports all incidents to PTCB in which a candidate acts in a disruptive or threatening manner, or engages in any behavior which may constitute a violation of exam testing rules and/or PTCB policy. PTCB reviews these incidents and may take appropriate action, including but not limited to termination of the exam, invalidation of exam score, and/or disqualification from future exam attempts.

Test Center

Candidates should review Pearson VUE Test Center Rules prior to their exam appointments. The complete test rules agreement can be found here.

Online Proctored

Because of its remote nature, testing online with a remote proctor requires that candidates agree to additional policies that help protect exam integrity. These include (but are not limited to) consenting to recording and monitoring throughout the exam, along with the use of artificial intelligence (AI) and other advanced technology techniques. Candidates must accept these policies during the registration process prior to scheduling an exam. Learn more.

Pearson VUE Comfort Aid List
The complete list of comfort aids can be found here and do not require pre-approval. They will be allowed in the testing room

upon visual inspection by the Testing Center or Online Proctored staff. Visual inspection will be done by examining the item without directly touching it (or the candidate) and without asking the candidate to remove the item.

Calculators
A calculator is built into the PTCB exam. A personal calculator may not be used under any circumstance. However, if a candidate requests a hand-held calculator and one is available at the test center, the candidate is permitted to use it upon request.

Exam Security
In order to protect and secure the integrity of its exams, PTCB may cancel any exam score obtained in a questionable manner. Before a candidate begins a PTCB exam they must agree to the PTCB Candidate Agreement. A candidate who does not agree to the agreement will not be permitted to take the exam. Violation of exam security is a breach of the Code of Conduct that could result in disciplinary action taken under the PTCB Conduct Case Procedures.

PTCB Candidate Agreement
All candidates must agree to the Candidate Agreement prior to the start of any PTCB Certification exam. The candidate agreement is as follows:

1. I have read, understand, and accept the PTCB policies and requirements contained in the PTCB Candidate Guidebook, as amended and revised.
2. In order to qualify for PTCB credentials, I must fulfill the requirements of all relevant certification (e.g., CPhT, CSPT®) or assessment-based certificate program policies and related directions of PTCB.
3. I will conduct my pharmacy technician activities consistent with the current PTCB Code of Conduct, PTCB Conduct Case Procedures, and other applicable PTCB policies, as they may be amended and revised.
4. I will report to PTCB any information pertaining to any charge, complaint, conviction, or other ethics-related matter concerning me, within sixty (60) days of receiving notification of the matter.
5. Any failure on my part to provide timely, accurate, and complete information to PTCB concerning my Application may result in sanctions or corrective actions by PTCB, including the rejection of my Application.
6. All materials submitted to PTCB, including my Application, become the property of PTCB upon receipt, and these materials will not be returned to me.
7. PTCB has the right to contact any person or organization concerning the information in my Application. I authorize the release of any information requested by PTCB with respect to the review of my Application. PTCB has the right to notify appropriate organizations if my Application contains false or inaccurate information.
8. I am pursuing PTCB credentials (i.e., certifications or certificates) and seek to take PTCB examinations for the sole purpose of benefiting my pharmacy career, and I will not use the PTCB credential I earn in such a manner as to bring PTCB into disrepute.
9. I will not attempt to copy or reproduce PTCB examinations in part or whole by any means whatsoever, including memorization.
10. I acknowledge that I will not contribute to any training activities designed to prepare individuals to sit for the PTCE® for the period of three (3) years after taking the PTCE.
11. I understand that I am prohibited from contributing to or profiting from the preparation, presentation, sponsorship, or ownership of any program, training, or publication primarily intended and/or marketed to increase others' performance on the CSPT Exam (e.g., sharing or replicating exam questions, providing exam strategies) for a period of three (3) years after taking the CSPT Exam.
12. I understand that any irregularity occurring during my examination, including but not limited to giving or obtaining unauthorized information or aid, statistically questionable results, or suspicious behavior as evidenced by observation or subsequent analysis, may result in the termination of my participation, invalidation of the results of my examination, or other appropriate action.
13. I expressly acknowledge that any sharing, discussion, or disclosure of the contents of PTCB examinations with any other person whether orally, in writing, or by any other means is strictly prohibited and that any violation of this prohibition may result in the immediate invalidation of my examination results and/or other appropriate action.
14. I understand that during my examination, I may NOT communicate with other candidates, refer to any materials other than those provided to me, assist or obtain assistance from any person, or take any action that generally constitutes cheating. Failure to comply with these requirements may result in the invalidation of my examination results as well as other appropriate action.
15. I agree that in the event my exam responses are lost, any claim I may have will not exceed the amount of the fee for the examination.
16. A PTCB certification or certificate does not represent licensure, registration, or other authorization to work as a pharmacy technician or to engage in any other occupational activities for a fee or otherwise.
17. A PTCB certification or certificate is awarded to me personally, and my certificate may not be transferred or assigned to any other individual, organization, or entity.

18. Data related to my participation in PTCB credential programs may be used by PTCB for research and statistical purposes.
19. In the event that my PTCB certification is subject to any disciplinary or corrective action, including suspension or revocation, I will comply with all decisions and requirements of PTCB, including decisions and orders authorized by the Conduct Case Procedures. If my certification is suspended or revoked, I will immediately stop all use of PTCB certification marks, credentials, or any other designation indicating an affiliation with PTCB.
20. In the event that my PTCB certification is revoked or I become uncertified for any reason, I will destroy any physical certificates and wallet cards.
21. I will indemnify and hold harmless PTCB and its Directors, Officers, agents, employees, representatives, and successors against, and release them from any and all third-party claims, suits, complaints, losses, or liability (claims), including attorney fees, arising out of, or related to my PTCB certificate; my use and/or display of PTCB credentials or designations, or other references to PTCB; my pharmacy technician activities and services; or, my other work-related activities.

Inclement Weather/Local or National Emergencies

In the event of inclement weather or a local or national emergency, please contact Pearson VUE at (866) 902-0593 or go to www.pearsonvue.com for appointment status. If appointments are canceled, candidates should wait two (2) business days before calling to reschedule their appointment.

After the Exam

Receiving Scores and Certificates

Official score reports are generally available online approximately one to three weeks following a candidate's exam.* At the request of a candidate, examination results or scores can be emailed to the candidate's email address currently on file with PTCB. Candidates who successfully complete all certification requirements will be able to log into their PTCB Account to download and print an official certificate and wallet card. **To ensure the confidentiality of score information, PTCB does not provide examination results or scores by phone or fax.**

Assessment-Based Certificate Program Exam score reports will be available immediately. Candidates who successfully complete all certificate program requirements will receive a digital badge and a certificate of achievement.

Retake Policy

Candidates must apply and pay for each PTCB credential exam attempt. Candidates who fail a PTCB credential exam must wait to receive their official score report before reapplying. Candidates have an unlimited number of exam attempts, although candidates are strongly encouraged to prepare for each attempt. PTCB exams are highly reliable, which means that candidates who fail the exam should expect to fail again unless they increase their knowledge of the exam content through additional preparation.

Pharmacy Technician Certification Exam® (PTCE®)

There is no retake wait period for the second and third exam attempts, but candidates must wait six (6) months for the fourth exam attempt. After four attempts, candidates must provide completion evidence to PTCB of acceptable preparation activities for review and approval before applying for additional attempts. Preparation activities completed prior to the most recent attempt will not be considered. Acceptable preparation activities for the PTCE® include any of the following:

- Six months or more of tutoring by a pharmacist or PTCB CPhT (PTCE Preparation Attestation Form required)
- Completion of a formal review course or non-accredited training program
- Completion of an ASHP/ACPE-accredited training program
- Graduation from a pharmacy technician associate degree (A.S.) program

Compounded Sterile Preparation Technician® (CSPT®) Exam

Candidates are limited to two exam attempts per 12-month candidacy window, and there is no retake wait period between attempts. If a candidate fails the CSPT exam twice within the candidacy window, they must wait until the end of the candidacy window, regardless of how much time remains in the window, to reapply. A new CSPT Competency Attestation Form is required for each 12-month candidacy window.

Assessment-Based Certificate Programs

Assessment-Based Certificate Programs do not require a waiting period between exam attempts.

Confidentiality of Scores

Please refer to PTCB's Privacy Policy. PTCB reserves the right to verify to any individual or organization whether an individual is currently certified or not.

Maintaining PTCB Certifications

Certification Renewal

PTCB certificants are required to recertify to maintain active certification. Many employers and/or State Boards of Pharmacy require CPhTs to maintain their PTCB Certification. The purpose of recertification is to ensure that pharmacy technicians stay current in pharmacy practice through the completion of Continuing Education (CE) and/or training, skill and competency assessments. CPhTs must have an NABP e-Profile ID on file with PTCB that is visible in their PTCB Account in order to recertify. Certificants who do not have an e-Profile ID will not be able to recertify or reinstate their credential. To obtain an NABP e-Profile ID, visit NABP.pharmacy. The complete Recertification Policy is available in Appendix H.

What is Continuing Education?

According to the Accreditation Council for Pharmacy Education (ACPE), continuing pharmacy education is, "a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the safe practice of pharmacy."

Approved Activities

Seminars, Workshops, and Conferences. Credit may be earned by attending seminars, workshops, conferences, or other educational programs that contain subject matter contained within the PTCB Certification Program's Exam Content Outline. These activities may include a live, web-based, or recorded presentation, teleconference, virtual meeting, panel discussion, or workshop.

College Courses. A maximum of 10 hours may be earned by completing a relevant college course equal to 3 academic credit hours with a grade of "C" or better. Relevant coursework must contain subject matter contained within the PTCB Certification Program's Exam Content Outline.

Service to PTCB. Credit may be earned for unpaid participation in certain PTCB activities and functions that are essential to maintaining the Certification Program. The activities and functions that are eligible for CE hours and the amount of CE hours that will be granted are at the discretion of the PTCB Certification Council.

Continuing Education (CE) Documentation

PTCB certificants must maintain their own records of continuing education hours earned during each recertification period and are responsible for maintaining these records for at least one year after the certification cycle ends. Acceptable documentation of participation in a college course may be either a transcript or a grade report. Certificants are randomly selected for an audit of their continuing education (CE) and PTCB has the discretion to audit the recertification eligibility of a PTCB certificant at any time.

Applying for Recertification

Certificants apply online from within their PTCB Account. A paper application is only available to those with a disability or hardship that precludes using the online application. Requests to use the paper application must be submitted in writing to PTCB and include appropriate documentation of the disability or hardship.

Certificants can apply for recertification 60 days prior to their certification expiration date. PTCB will notify certificants via email when their Recertification Window has opened. Certificants must submit their application by 11:59 PM ET of their Application Deadline, which is the first day of the certification expiration month. Applications submitted after the Application Deadline will incur the $25 late application processing fee. PTCB will still accept recertification applications up until the expiration date but cannot guarantee that applications submitted after the application deadline will be processed before the expiration date.

All applications are processed by PTCB in the order in which they are received. Once an application is accepted, PTCB will verify the CE activities in CPE Monitor for up to 60 days. PTCB will then notify certificants via email when their application is approved and the CEs have been verified. Certificants will be able to log into their PTCB Account to download and print an

updated certificate and wallet card.

Returned Applications

Applications that are incomplete, contain errors, do not meet CE requirements, provide inadequate CE information (e.g., do not include the full name of the course and provider), or are accompanied by an incorrect payment amount will be returned for correction. Returned renewal application notifications will be sent via email and the certificant will have 30 days to submit corrections and the $10 nonrefundable reprocessing fee to PTCB. PTCB will not accept CEs completed outside of the applicable recertification cycle during this return period.

Current Renewal Fees

Review PTCB's Refund Policy for additional information.

CPhT/CPhT-Adv RENEWAL FEES	CSPT RENEWAL FEES	MISCELLANEOUS
Recertification Application Fee: $55	Recertification Application Fee*: $20	Recertification Late Application Processing Fee**: $25
Reinstatement Fee: $95	Reinstatement Fee: $40	Reprocessing Fee***: $10

Only applies when renewing CSPT® only (mid-cycle reporting).
**Applies to applications received after the Application Deadline.
***Applies each time an application is returned for corrections. This fee is nonrefundable.

CPhT Recertification Requirements

PTCB Certified Pharmacy Technicians (CPhTs) are required to recertify every two (2) years to maintain certification. PTCB's CPhT recertification requirements correspond to the biennial renewal schedule for professional pharmacist licensure as governed by State Boards of Pharmacy. CPhTs must complete all continuing education hours within the two (2) year recertification cycle (on or before the expiration date). No CE hours completed before certification is granted may be used to satisfy recertification requirements. In addition, CE hours cannot carry over to a future recertification cycle.

CPhT Continuing Education Requirements

During each two (2) year recertification cycle, CPhT Certificants are required to complete a minimum of twenty (20) hours of CE containing subject matter listed within PTCB's Pharmacy Technician Certification Exam® (PTCE®) Content Outline. For recertification candidates, one (1) hour of the twenty (20) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety (refer to Accreditation Council for Pharmacy Education (ACPE) definition of patient safety, defined in the ACPE Policy and Procedures Manual). For reinstatement candidates, two (2) of the twenty (20) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety. A maximum of ten (10) hours of the twenty (20) CE hours may be earned by completing a relevant college course equal to 3 academic credit hours with a grade of "C" or better. Relevant coursework must contain subject matter contained within the PTCE Content Outline.

Pharmacy Technician Subject Matter

To qualify as pharmacy technician subject matter, a CE activity must contain subject matter listed in PTCB's PTCE Content Outline. Accepted CE are described in the following statements:

1. CE activities offered by the Accreditation Council for Pharmacy Education (ACPE)-accredited providers with the target audience designation 'T' satisfy the requirement of pertaining to pharmacy technician subject matter found within the PTCE Content Outline.
2. PTCB accepts CE from ACPE-accredited providers with the target audience designation 'P' (pharmacist-specific; 'P-specific') not to exceed five (5) hours for CPhTs if the CE activity contains subject matter found within the PTCE Content Outline.
3. CE activities from non-ACPE-accredited providers will be accepted if PTCB determines that the activity contains subject matter listed within the PTCE Content Outline.

For renewal applications submitted after September 1, 2020, PTCB requires a minimum of 15 T-specific CE hours and accepts a maximum of 5 P-specific CE hours completed from ACPE-accredited providers. At least one (1) hour of CE activity must have the '03' ACPE topic designator for pharmacy law, and at least one (1) hour of CE activity must have the '05' ACPE topic designator for patient safety.

CSPT Recertification Requirements

CSPTs are required to recertify every year to maintain certification. This annual requirement is consistent with the training

and competency requirements required by USP and other authoritative bodies. To be eligible for recertification, a CSPT must be an active PTCB CPhT or CPhT-Adv in good standing. CSPTs must complete and submit the CSPT Competency Attestation Form during each one-year recertification cycle (on or before the expiration date).

Once a PTCB CPhT earns the CSPT certification, the CSPT certification expiration month will align with the CPhT expiration month.

If the CPhT or CPhT-Adv expiration date is within 6 months of the initial certification date, the CSPT certification expiration will be 1 year from the CPhT or CPhT-Adv expiration date. For example, if the CSPT is earned on January 31, 2023, and the CPhT or CPhT-Adv expiration date is April 30, 2023, the CSPT expiration date will be April 30, 2024. The CSPT certification will need to be renewed the following year.

If the CPhT or CPhT-Adv expiration date is between 6 months and 18 months after the initial CSPT certification date, the CSPT certification expiration date will be equal to the CPhT or CPhT-Adv expiration year. For example, if the CSPT is earned on January 31, 2023 and the CPhT or CPhT-Adv expiration date is August 31, 2024, the CSPT expiration date will be August 31, 2024. Both certifications will need to be renewed by August 31, 2024.

If the CPhT or CPhT-Adv expiration date is more than 18 months from the CSPT initial certification date, the CSPT expiration date will be 1 year before the CPhT or CPhT-Adv expiration date. For example, if the CSPT is earned on January 31, 2023, and the CPhT or CPhT-Adv expiration date is October 31, 2024, the CSPT expiration date will be October 31, 2023. The CSPT certification will need to be renewed by October 31, 2023.

EARNED CSPT	WITHIN EXPIRATION DATE	CPhT or CPhT-Adv EXPIRATION DATE	CSPT EXPIRATION DATE
January 31, 2023	6 months	April 30, 2023	April 30, 2024
January 31, 2023	6-18 months	August 31, 2024	August 31, 2024
January 31, 2023	More than 18 months	October 31, 2024	October 31, 2023

When a PTCB CPhT or CPhT-Adv certification is renewed along with the CSPT certification, a minimum of 10 Compounding CEs (earned any time over the two-year CPhT or CPhT-Adv renewal cycle) and the CSPT Competency Attestation Form are required to be submitted at the time of renewal. No CE hours and/or CSPT Competency Attestation Forms completed before certification is granted may be used to satisfy recertification requirements. In addition, CE hours/CSPT Competency Attestation Forms cannot carry over to a future recertification cycle. A loss of CPhT or CPhT-Adv certification due to failure to recertify, revocation, or any other reason will result in the loss of CSPT certification.

CREDENTIAL	REQUIREMENTS
CSPT (only)	• Annual attestation form
CPhT + CSPT	• 10 sterile compounding CEs (earned any time during two-year renewal cycle) • annual attestation form • CPhT-required CEs
CPhT-Adv + CSPT	• 10 sterile compounding CEs (earned any time during two-year renewal cycle) • annual attestation form • CPhT-Adv-required CEs

Sterile Compounding Subject Matter

To qualify as sterile compounding, a CE activity must contain subject matter related to compounding sterile preparations.

CPhT-Adv Recertification Requirements
CPhT-Adv certificants must satisfy the CPhT CE requirements plus an additional five (5) hours of CE in any pharmacy topic for a total of twenty-five (25) during each two (2)-year recertification cycle. For recertification candidates, one (1) hour of the twenty-five (25) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety. For reinstatement candidates, two (2) of the twenty-five (25) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety.

Reinstatement

Failure to Recertify

PTCB Certificants who fail to recertify by 11:59 PM ET of their certification expiration date are no longer considered certified by PTCB and must immediately cease using their PTCB certification designation(s) and credential(s). A certificant whose certification has expired may apply for reinstatement within one year. **A loss of PTCB CPhT or CPhT-Adv Certification due to failure to recertify, revocation, or any other reason will result in loss of CSPT® Certification.**

Applying for Reinstatement

Former certificants who wish to reinstate can apply online from within their PTCB Account. Reinstatement applications are processed in the same manner as recertification. In addition to completing the continuing education (CE) required for recertification, CPhT and CPhT-Adv reinstatement candidates must complete one additional CE hour in pharmacy law. Expired dual certification holders who wish to reinstate their CSPT certification must first reinstate their CPhT credential. Reinstated certificants will be granted the remaining balance of their recertification cycle.

Failure to Reinstate

Former certificants who do not reinstate must apply and meet the current eligibility requirements for obtaining PTCB Certification. No special permission is required to retest unless a former CPhT has reached the retake limit.

APPENDIX A: CONDUCT CASE PROCEDURES

Conduct Case Process/Conduct Complaints

PHARMACY TECHNICIAN CERTIFICATION BOARD CONDUCT CASE PROCEDURES
INTRODUCTION

The Pharmacy Technician Certification Board (PTCB) administers and promotes high ethical standards for pharmacy technicians, including the PTCB Code of Conduct (Code). The following Conduct Case Procedures (Case Procedures or Policy) will be used to process all matters concerning possible violations of PTCB conduct standards (conduct review matters). This Policy applies to individuals seeking PTCB credentials (candidates) and all individuals credentialed by PTCB (credential holders).

The Conduct Case Procedures establish and explain the only process for handling conduct cases brought to the attention of PTCB. All credential holders and candidates agree to follow and obey PTCB policies, including the Code of Conduct and the Case Procedures, and agree that they will not challenge the authority of PTCB to use the Code of Conduct, the Conduct Case Procedures, or other policies. In addition, PTCB credential holders and candidates agree that: this Policy is a fair process for resolving all conduct review matters and cases; they will be bound by decisions made consistent with this Policy; and, this Policy does not constitute a contract between PTCB and the candidate or credential holder.

A. GENERAL

1. **Nature of the Process.** This Policy is the only process for the review and resolution of PTCB conduct charges and complaints. PTCB is the only authority to decide any conduct inquiry or case related to the PTCB Code of Conduct, regardless of the circumstances. These Procedures are not formal legal proceedings, so many legal rules and practices are not observed. PTCB will review the relevant information presented when considering conduct investigations, cases, and decisions. The Case Procedures are intended to be used without the assistance of attorneys. A party may choose to be represented by an attorney during a conduct matter or case, but the party will be responsible for all related attorney fees. A party's attorney will be directed to communicate with PTCB only through PTCB Legal Counsel. Parties are encouraged to communicate directly with PTCB.

2. **Participants.** Conduct cases may be decided by the Executive Director or other designated PTCB representative (Resolution Officer), the Conduct Review Committee, and/or the Conduct Appeals Committee. A credential holder or candidate who is the subject of a conduct charge or investigation is identified as the Respondent in this Policy. The person initiating a conduct complaint is identified as the Complainant.

3. **Complainants/Conduct Charge Statement.** An individual, group, or, in certain situations, PTCB, may initiate a conduct review matter and act as a Complainant. To begin a conduct review matter, a Complainant should complete a

Conduct Charge Statement form, which is available on the PTCB website located at PTCB.org, and submit the completed Charge Statement to the Executive Director or Resolution Officer. The Conduct Charge Statement must include a detailed written description of the factual information supporting the conduct charge(s).

4. **Time Requirements.** Complainants and Respondents must comply with all time requirements specified in this Policy. Time extensions or postponements may be granted by PTCB in appropriate circumstances at PTCB's sole discretion. PTCB will make every effort to follow the time requirements set forth in this Policy. However, PTCB's failure to meet a time requirement will not prevent the final resolution of a conduct review matter.

5. **Litigation/Other Proceedings.** PTCB may accept and resolve conduct cases when civil or criminal litigation, or other proceedings related to the complaint, have been or are currently before a court, regulatory agency, or professional body. PTCB may continue or delay conduct cases in these circumstances.

6. **Complaints Concerning Non-Credential Holders and Non-Applicants.** If PTCB receives a conduct inquiry or Conduct Charge Statement concerning an individual who is not credentialed by PTCB, or who is not a candidate for a PTCB credential, PTCB will inform the complaining party that the individual is not a PTCB credential holder or candidate, and PTCB may refer the matter to an appropriate authority or organization.

7. **Improper Disclosure/False or Misleading Responses.** A failure to provide or disclose information, or a misleading disclosure by a credential holder or candidate regarding a conduct matter or case, may be a violation of this Policy, and the subject of a conduct complaint.

8. **Time Limitations Concerning Complaints.** PTCB may consider any conduct complaint, regardless of: **(a)** whether the Respondent held a PTCB credential at the time of the alleged violation; **(b)** when the alleged violation occurred; or, **(c)** whether the Respondent continues to hold or seek a PTCB credential during the course of any conduct case.

9. **Confidentiality.** In order to protect the privacy of the parties to a conduct case, the material prepared by or submitted to PTCB will be confidential. However, conduct case information or documents may be released when authorized by this Policy, or when required by an appropriate court or government agency order. The identities of the members of the Conduct Review Committee and the Conduct Appeals Committee will remain confidential, and will not be released without the specific authorization of each Committee member. Until a conduct case has been closed or finalized pursuant to Case Procedures Section L, all parties must maintain the confidentiality of all information related to the conduct case, including its existence, consistent with this Policy. If any party discloses information related to the conduct case contrary to these Procedures, PTCB may: **(a)** dismiss the complaint and terminate the conduct case; or, **(b)** impose any sanction allowed by this Policy. This rule, however, does not limit or restrict the ability of a party to collect information relevant to the resolution of the conduct case, so long as the party makes all reasonable efforts to maintain confidentiality.

10. **Failure to Cooperate.** If any party refuses to cooperate or participate fully with PTCB or its representatives, and it is determined that the lack of cooperation is without good cause, PTCB may take the following actions: **(a)** dismiss the complaint and terminate the conduct case; or, **(b)** impose any sanction allowed by this Policy.

11. **Resignation from PTCB.** If a Respondent attempts to relinquish a PTCB credential or withdraws an application during a conduct inquiry or case, PTCB may continue the matter to a final resolution and decision according to this Policy.

B. CONDUCT INQUIRIES/CONDUCT CHARGE STATEMENTS

1. **Conduct Inquiries.** An individual or group submitting a complaint concerning a credential holder or candidate should contact PTCB. The Resolution Officer will provide to the Complainant the PTCB Code of Conduct, Conduct Case Procedures, and a Conduct Charge Statement form. The Resolution Officer will record all conduct inquiries and identify: the person(s) making the inquiry; the credential holder/candidate identified; the State from which the inquiry originates; and, the nature of the matter. This record will remain confidential, and will be available only to authorized representatives of PTCB.

2. **Conduct Charge Statement/Description of Charges**. A Complainant, or in certain cases PTCB, must complete a Conduct Charge Statement, including all information required by the form. The Conduct Charge Statement is a written communication from a Complainant describing the allegations against a credential holder or candidate. Public documents, such as newspaper stories, court decisions or orders, or agency decisions, also may be considered as Conduct Charge Statements, or as supporting information. When a Conduct Charge Statement is received by PTCB, the Resolution Officer will: **(a)** review the material received and assign a case number to the conduct review matter; **(b)** review the allegations made concerning the charges; **(c)** determine whether the charges are presented in sufficient detail to permit PTCB to conduct a preliminary investigation; and, if necessary, **(d)** contact the Complainant and other parties with relevant information to request additional factual material.

C. ACCEPTANCE/REJECTION OF CONDUCT CHARGES

1. **Charge Acceptance.** The Resolution Officer will review a Conduct Charge Statement submitted by a Complainant, and then determine if the allegations will become the subject of a formal Conduct Complaint and Investigation. The following information will be considered when determining if a charge is accepted or rejected: **(a)** whether the Respondent is a credential holder or candidate; **(b)** whether the alleged conduct could constitute a violation of the Code of Conduct; **(c)** whether the passage of time since the alleged violation occurred requires that the charge(s) be rejected; **(d)** whether relevant, reliable information or proof concerning the charge was included with the Complaint; and **(e)** whether the Complainant is willing to provide relevant information to PTCB concerning the complaint. The Resolution Officer will determine whether the charge(s) and available proof support a formal Conduct Complaint, and will either: issue a formal Conduct Complaint and Investigation Notice, pursuant to Section D.1; or, reject the charge(s) pursuant to Section C.2.

2. **Charge Rejection.** If the Resolution Officer determines that a charge allegation should not become the subject of a formal Conduct Complaint, the charge(s) will be rejected. The Resolution Officer will notify the Complainant of the rejection and the reasons(s) for the rejection by letter within approximately twenty-one (21) days of the determination.

D. CONDUCT COMPLAINTS AND INVESTIGATION

1. **Conduct Complaint and Investigation Notices.** After a conduct charge is accepted, a formal Conduct Complaint and Investigation Notice (Conduct Complaint) will be sent to the Respondent identifying each alleged Code of Conduct violation, and the factual information related to each complaint. The Conduct Complaint Notice will state that the Respondent may request that the Conduct Complaint be reviewed and resolved by the Conduct Review Committee. If the Respondent does not request review by the Conduct Review Committee, the Conduct Complaint will be resolved by the Resolution Officer under Section G of this Policy. This Complaint Notice will be sent to the Respondent via email and/or other verifiable delivery service.

E. CONDUCT COMPLAINT RESPONSE

1. **Submitting a Conduct Complaint Response.** Within thirty (30) days of the date of a Conduct Complaint, the Respondent must submit a Conduct Complaint Response (Complaint Response) according to the instructions in the Complaint Notice. The Complaint Response must include the following information and materials: **(a)** a full and accurate response to each complaint matter and alleged Code of Conduct violation; **(b)** the identification and a copy of each document that the Respondent believes to be relevant to the resolution of the Conduct Complaint; and, **(c)** any other information that the Respondent believes will assist PTCB in considering the Conduct Complaint fairly.

2. **Response Deficiencies.** The Resolution Officer or the Conduct Review Committee may require the Respondent to provide additional information concerning a Complaint Response.

F. PRELIMINARY ACTIONS AND ORDERS

1. **Involuntary Suspension of Credential.** Under certain circumstances outlined below, the Resolution Officer or the Conduct Review Committee may issue an Order temporarily suspending the Respondent's credential(s), and/or imposing appropriate conditions. This Suspension Order will stay in effect until the final resolution of the Complaint.

2. **Circumstances of Involuntary Suspension Orders.** Suspension Orders are authorized where: **(a)** the Respondent has been charged with a felony for conduct that presents a risk to patient safety, criminal act, or violation of criminal law; **(b)** the Respondent has been convicted of a criminal act, or the Respondent has not contested a criminal charge; **(c)** the Respondent has been found in violation of any law, regulation, or rule by a government regulatory body, or has been sanctioned or disciplined by a government regulatory body; or, **(d)** the Respondent is the subject of other legal action(s) relating to their pharmacy technician activities.

G. RESOLUTION OFFICER COMPLAINT REVIEW AND RESOLUTION

1. **Resolution Officer Complaint Resolution.** In the event that the Respondent does not request review of the Conduct Complaint by the Conduct Review Committee, the Resolution Officer may consider and resolve the Conduct Complaint under this Policy, based upon the information in the record, and issue a Decision and Order, consistent with Section I. Alternatively, the Resolution Officer, in their sole discretion, may refer the Conduct Complaint to the Conduct Review Committee for consideration.

2. **Resolution Officer Decision and Order.** The Decision and Order of the Resolution Officer is a final case resolution binding on the parties, unless the Decision is appealed to the Conduct Appeals Committee, consistent with the requirements of this Policy.

H. CONDUCT REVIEW COMMITTEE COMPLAINT REVIEW AND RESOLUTION

1. **Conduct Review Committee.** The Executive Director will appoint at least five (5) qualified individuals to serve as

the Conduct Review Committee, including a Committee Chair and a Vice Chair. The Review Committee will be composed of at least three (3) current Certified Pharmacy Technician certificants in good standing, and, at least two (2) Pharmacists. Conduct Review Committee members will be appointed based on their pharmacy-related work experience, occupational credentials, training, and other relevant factors. No Review Committee member may review a matter where the Committee member has had a business, employment, or personal relationship with a party to the conduct review case, or where there otherwise appears to be a possible conflict of interest related to such service.

2. **Conduct Review Committee Resolution of Complaints.** The Review Committee will consider and resolve the Conduct Complaint under this Policy, based upon the information in the record, and issue a Decision and Order, consistent with Section I.

3. **Conduct Review Committee Decision and Order.** The Decision and Order of the Conduct Review Committee is binding on the parties, unless the Decision is appealed to the Conduct Appeals Committee, consistent with the requirements of this Policy.

I. RESOLUTION OFFICER OR CONDUCT REVIEW COMMITTEE CASE DECISION AND ORDER

1. **Conduct Case Decision and Order.** As soon as practical, the Resolution Officer or the Conduct Review Committee, as appropriate, will prepare a Conduct Case Decision and Order, and will send the Decision to the parties.

2. **Contents of the Conduct Case Decision.** The following information will be included in the Conduct Case Decision: **(a)** a summary of the relevant factual findings based on the record; **(b)** a final ruling on each Code of Conduct complaint; **(c)** a statement of any disciplinary and remedial action(s) issued; and, **(d)** any other information determined to be appropriate.

3. **Conduct Case Order.** The Resolution Officer or the Conduct Review Committee may issue a Conduct Case Order that includes any of the following actions and information: **(a)** an order directing the Respondent to stop or end any behavior or acts found to be in violation of the Code of Conduct; **(b)** a statement of the disciplinary and remedial action(s) imposed, and a requirement that the Respondent comply immediately with these action(s); and, **(c)** any other appropriate directive(s) consistent with the Decision.

J. DISCIPLINARY ACTIONS

1. **Disciplinary Actions Available.** When a Respondent has been found to have violated the Code of Conduct the Resolution Officer or the Conduct Review Committee may issue and order one or more of the following disciplinary and remedial actions concerning the violation(s): **(a)** credential holder be ineligible for PTCB credentials, or renewal; **(b)** a requirement that the Respondent take corrective action(s), or fulfill appropriate conditions; **(c)** a private reprimand and censure of the Respondent; **(d)** a public reprimand and censure of the Respondent; **(e)** suspension of the Respondent's credential for a period of not less than six (6) months and not more than three (3) years, which will include the requirements that the Respondent immediately stop any professional identification or affiliation with PTCB during the suspension period; and, **(f)** revocation of the Respondent's credential, which will include that the Respondent immediately stop all identification or affiliation with PTCB.

2. **Referral and Notification Action.** The Executive Director or Resolution Officer may notify appropriate government agencies or professional organizations of any final disciplinary action(s) taken concerning a Respondent by sending a copy of the final Decision and Order. The Resolution Officer may send this Decision notification after the time period for the Respondent to appeal an adverse decision has ended. During an appeal period, the Resolution Officer may respond to inquiries concerning conduct cases, and may indicate the existence of a complaint.

3. **Publication of Disciplinary Action.** Following the closure of a conduct case, the Executive Director or Resolution Officer may release a final Conduct Case Decision and Order in accordance with applicable law and PTCB policies.

K. CONDUCT APPEALS COMMITTEE

1. **Conduct Appeals Committee.** The Certification Council will appoint at least five (5) qualified individuals to serve as the Conduct Appeals Committee (Appeals Committee), which will be responsible for resolving all appropriate appeals concerning Decisions of the Resolution Officer or the Conduct Review Committee. The Appeals Committee will be composed of at least three (3) current Certified Pharmacy Technician credential holders in good standing, and, at least one (1) Pharmacist. Appeals Committee members will be appointed based on their pharmacy-related work experience, occupational credentials, training, and other relevant factors. The Certification Council will appoint an Appeals Committee Chair and Vice Chair to preside over and conduct each appeal, consistent with this Policy. No Appeals Committee member may participate in an appeal where the member has had a business, employment, or personal relationship with a party to the conduct review case; where the member served on the Conduct Review Committee for the case before the Conduct Appeals Committee; or where there otherwise appears to be a possible conflict of interest related to such participation.

2. **Time Period for Appeals to the Appeals Committee.** Within thirty (30) days of the date of an adverse Decision by the Resolution Officer or the Conduct Review Committee, the Respondent may appeal all or a portion of the Decision and Order to the Conduct Appeals Committee pursuant to this Section. Any appeals received beyond this time period will not be reviewed or considered by the Appeals Committee unless extenuating circumstances have been found to apply, as determined by the Conduct Appeals Committee in its sole discretion.

3. **Grounds for Appeal to the Appeals Committee.** An adverse Decision of the Resolution Officer or the Conduct Review Committee may be affirmed, reversed, or otherwise modified by the Conduct Appeals Committee on appeal. However, the grounds for appeal of an adverse decision are strictly limited to the following: **(a)** Procedural Error: The Resolution Officer or Conduct Review Committee misapplied a procedure contained in this Policy and prejudiced the Respondent; **(b)** New or Previously Undiscovered Information: Following the conduct case decision, the Respondent has found relevant proof that was not previously in their possession, that was not reasonably available prior to the conduct case decision, and that could have affected the Resolution Officer or Conduct Review Committee Decision; **(c)** Misapplication of the Conduct Code: The Resolution Officer or Conduct Review Committee Decision misapplied the provisions of the Code of Conduct, and the misapplication prejudiced the Respondent; and/or, **(d)** Misapplication of the Appropriate Disciplinary Action: The Resolution Officer or Conduct Review Committee Decision Disciplinary Action is contrary or inconsistent with the Decision.

4. **Contents of Appeal/Letter of Appeal.** In order to complete an appeal to the Conduct Appeals Committee under this Section, the Respondent must submit a written appeal document to PTCB within the specified time period, which contains the following information and material: **(a)** the conduct case name, case number, and the date of the Resolution Officer or Conduct Review Committee Decision; **(b)** a statement of the grounds for the appeal under Section K.3, above, and a complete explanation of the reasons that the Respondent believes the Decision or disciplinary action should be reconsidered or otherwise modified; and, **(c)** accurate, complete copies of any material that supports the Respondent's appeal.

5. **Appeal Deficiencies.** The Conduct Appeals Committee may require the Respondent to clarify, supplement, or amend the information presented in an appeal.

6. **Appeal Rejection.** If the Conduct Appeals Committee determines that an appeal does not meet the requirements of this Policy, or does not otherwise require further review under this Policy, the Appeals Committee Chair or Vice Chair will reject the appeal. The Appeals Committee Chair or Vice Chair will notify the Executive Director or Resolution Officer of the Appeals Committee decision, and the Resolution Officer will notify the Complainant and Respondent of the appeal rejection, as well as the reason(s) for the rejection. Appeal rejection decisions cannot be appealed.

7. **Request to Appear Before the Appeals Committee.** The Respondent may request to appear, in the manner determined by the Certification Council, before the Conduct Appeals Committee concerning the appeal. The Appeals Committee Chair or Vice Chair will determine whether to grant, deny, or limit the request. The denial of a request to appear before the Appeals Committee cannot be appealed. The Respondent is solely responsible for their expenses related to the appeal.

8. **Appeals Committee Hearings.** Within one hundred and eighty (180) days after the submission of a complete appeal, or as soon after as is practical, the Conduct Appeals Committee will conduct a hearing to determine the outcome and final resolution of the appeal. During the appeal hearing, the Appeals Committee members will review: the case record; any appeal submissions presented by the parties; and/or, any other information determined to be relevant. Thereafter, the Appeals Committee will decide the appeal by majority vote in closed session.

9. **Appeals Committee Decisions and Orders.** Within thirty (30) days of the conclusion of an appeal hearing, or as soon after as is practical, the Conduct Appeals Committee will issue an Appeal Decision and Order explaining the outcome of the appeal. With respect to each appeal, the Appeals Committee Decision and Order will include the following: **(a)** a summary of any relevant portions of the Resolution Officer or Conduct Review Committee Decision and Order; **(b)** a summary of any relevant procedural or factual findings made by the Appeals Committee; **(c)** the ruling(s) and decisions with respect to each matter under appeal; and, **(d)** the Appeals Committee final Order affirming, reconsidering, amending, or otherwise modifying any portion of the Resolution Officer or Conduct Review Committee Decision and Order, including any disciplinary or remedial action(s). The Executive Director or Resolution Officer will send the Appeals Committee Decision and Order to the parties via email and/or other appropriate delivery method.

L. FINALIZING AND CLOSING CONDUCT REVIEW CASES

1. **Events Which Will Cause Closure of a Conduct Review Case.** A conduct case will be closed and all proceedings ended when any of the following occur: **(a)** the conduct case has not been accepted and the charges have been rejected as the basis for a Conduct Complaint; **(b)** a final Decision has been issued by the Resolution Officer, Conduct Review Committee, or, if applicable, the Conduct Appeals Committee, and all related appeal rights have ended; or, **(c)** a Conduct Complaint has been terminated or withdrawn by the Complainant(s).

2. **Events Which Will Cause a Decision and Order to Become Final.** A Resolution Officer or Conduct Review

Committee Decision and Order that is not appealed will be final. A Conduct Appeals Committee Decision will be final, and no further appeals will be available to any party.

M. REAPPLICATION PROCEDURES FOLLOWING REVOCATION DECISIONS AND ORDERS

1. **Reapplication Petition.** A Respondent may submit a Petition for Permission to Reapply for a PTCB credential (Reapplication Petition) to the PTCB Executive Director or Resolution Officer, consistent with the requirements of this Policy Section.

2. **Reapplication Petition Time Frame.** Under this Policy, a Respondent may submit a Reapplication Petition no earlier than five (5) years after a final Revocation Decision and Order is issued.

   a. Upon the Respondent's request, PTCB may shorten the minimum five (5) year revocation period when the Respondent can show a reasonable justification for earlier consideration of a Reapplication Petition.

3. **Contents of Reapplication Petitions.** The PTCB Executive Director or Resolution Officer will consider Reapplication Petitions from individuals who have been the subject of final Revocation Decisions and Orders. Respondents must complete and submit the Reapplication Petition Form.

4. **Certification Council Reapplication Petition Review.** Within ninety (90) days after a complete Reapplication Petition is submitted to PTCB, or as soon after as is practical, the Certification Council will review the Petition and determine the final decision regarding the Petition by a majority vote.

5. **Certification Council Reapplication Petition Decisions and Orders.** Within thirty (30) days after the Certification Council has completed its review of a Reapplication Petition, or as soon as is practical, PTCB will prepare and issue a Decision and Order concerning the Petition. The final Decision and Order will indicate whether the Petition is granted, denied, or continued to a later date. The Decision and Order will be sent to the Respondent via email and/or by other appropriate delivery method.

6. **Approved Reapplication Petitions.** If a Reapplication Petition is approved by the Certification Council, the Respondent may be required to successfully complete a PTCB exam. If appropriate, the Decision and Order will indicate any conditions pertaining to credential application or renewal.

7. **Denied Reapplication Petitions.** While no appeal of the Decision and Order is permitted, the Respondent may submit a new Petition pursuant to these procedures two (2) or more years after the issuance of the Reapplication Petition Decision and Order.

APPENDIX B: RECONSIDERATION OF DENIAL OF CREDENTIAL OR CERTIFICATION RENEWAL

Reconsideration Policy

A written request must be submitted to the PTCB Help Center and addressed to the PTCB Executive Director & CEO within 30 days of the date of the notification of the denial determination of credential eligibility, recertification, or reinstatement. The written request must include the date of determination, details of the denial, the reason or extenuating circumstances applicable to the request (including relevant supporting materials not previously submitted), and the individual's email address and phone number at which the individual can be reached. PTCB's exam eligibility, recertification, and reinstatement requirements or policies are not subject to reconsideration.

The request will be reviewed by the PTCB Executive Director & CEO, who will review any additional information provided by the person requesting reconsideration that is relevant to the reconsideration request. PTCB will notify the individual of the decision within five (5) business days of the final determination. The PTCB Executive Director & CEO may affirm, modify, or reverse the initial denial of eligibility, recertification, or reinstatement determination made by staff. Notification of the decision will include an explanation of the basis for the decision. The PTCB Executive Director & CEO's decision on the request will be final and binding.

APPENDIX C: PTCE CONTENT OUTLINE

PTCE Content Outline

1.	Medications	40%
1.1	Generic names, brand names, and classifications of medications	

1.	Medications	40%
1.2	Therapeutic equivalence	
1.3	Common and life-threatening drug interactions and contraindications (e.g., drug-disease, drug-drug, drug-dietary supplement, drug-laboratory, drug-nutrient)	
1.4*	Strengths/dose, dosage forms, routes of administration, special handling and administration instructions, and duration of drug therapy	
1.5	Common and severe medication side effects, adverse effects, and allergies	
1.6	Indications of medications and dietary supplements	
1.7*	Drug stability (e.g., oral suspensions, insulin, reconstitutables, injectables, vaccinations)	
1.8	Narrow therapeutic index (NTI) medications	
1.9	Physical and chemical incompatibilities related to non-sterile compounding and reconstitution	
1.10	Proper storage of medications (e.g., temperature ranges, light sensitivity, restricted access)	

2.	Federal Requirements	12.5%
2.1	Federal requirements for handling and disposal of non-hazardous, hazardous, and pharmaceutical substances and waste	
2.2*	Federal requirements for controlled substance prescriptions (i.e., new, refill, transfer) and DEA controlled substance schedules	
2.3	Federal requirements (e.g., DEA, FDA) for controlled substances (i.e., receiving, storing, ordering, labeling, dispensing, reverse distribution, take-back programs, and loss or theft of)	
2.4*	Federal requirements for restricted drug programs and related medication processing (e.g., pseudoephedrine, Risk Evaluation and Mitigation Strategies [REMS])	
2.5	FDA recall requirements (e.g., medications, devices, supplies, supplements, classifications)	

3.	Patient Safety and Quality Assurance	26.25%
3.1	High-alert/risk medications and look-alike/sound-alike [LASA] medications	
3.2	Error prevention strategies (e.g., prescription or medication order to correct patient, Tall Man lettering, separating inventory, leading and trailing zeros, bar code usage, limit use of error-prone abbreviations)	
3.3*	Issues that require pharmacist intervention (e.g., drug utilization review [DUR], adverse drug event [ADE], OTC recommendation, therapeutic substitution, misuse, adherence, post-immunization follow-up, allergies, drug interactions)	
3.4	Event reporting procedures (e.g., medication errors, adverse effects, and product integrity, MedWatch, near miss, root-cause analysis [RCA])	
3.5*	Types of prescription errors (e.g., abnormal doses, early refill, incorrect quantity, incorrect patient, incorrect drug)	
3.6	Hygiene and cleaning standards (e.g., handwashing, personal protective equipment [PPE], cleaning counting trays, countertop, and equipment)	

4.	Order Entry and Processing	21.25%
4.1*	Procedures to compound non-sterile products (e.g., ointments, mixtures, liquids, emulsions, suppositories, enemas)	
4.2*	Formulas, calculations, ratios, proportions, alligations, conversions, Sig codes (e.g., b.i.d., t.i.d., Roman numerals), abbreviations, medical terminology, and symbols for days supply, quantity, dose, concentration, dilutions	
4.3*	Equipment/supplies required for drug administration (e.g., package size, unit dose, diabetic supplies, spacers, oral and injectable syringes)	
4.4*	Lot numbers, expiration dates, and National Drug Code (NDC) numbers	
4.5	Procedures for identifying and returning dispensable, non-dispensable, and expired medications and supplies (e.g., credit return, return to stock, reverse distribution)	

Some or all of this statement reflects calculation-based knowledge.

APPENDIX D: PTCE REFERENCES LIST

PTCE References List

Many external resources are available that may be useful to individuals preparing for the Pharmacy Technician Certification Exam. PTCB does not recommend or endorse specific educational materials for pharmacy technicians, but shares the following examples for informational purposes only:

- Manual for Pharmacy Technicians, 5th Edition
- The Pharmacy Technician, 6th Edition
- Pharmaceutical Calculations, 16th Edition
- The Pharmacy Technician's Pocket Drug Reference, 12th Edition

APPENDIX E: CSPT EXAM CONTENT OUTLINE

CSPT Exam Content Outline

Knowledge Domains and Areas	% of CSPT® Exam Content
1.0 Medications and Components	**17%**
1.1 Generic names, brand names, indications, side effects, and therapeutic classifications of medications used in sterile compounding	
1.2 Types of high-alert/narrow therapeutic index (NTI) medications used in sterile compounding (e.g., insulin, heparin, concentrated electrolytes, chemotherapy)	
1.3 Dosage (e.g., strength, dosage forms) and administration (e.g., routes, instructions) of compounded sterile preparations (CSPs)	
1.4 Drug-specific factors affecting stability of compounded sterile preparations (CSPs; e.g., containers, light, concentration, closure, temperature, agitation)	
1.5 Type, purpose, and use of technical and clinical references for sterile compounding (e.g., package inserts, Safety Data Sheets [SDSs])	
1.6 Factors (e.g., temperature, microbial limits of sterility, storage time, complexity of preparation, location of preparation) that influence the assignment of beyond-use dates (BUD) for compounded sterile preparations (CSPs)	
1.7 Physical and chemical compatibility criteria for components (e.g., medications, ingredients, base solutions, filters, tubing, closures)	

2.0 Facilities and Equipment	**22%**
2.1 Types and uses of primary engineering controls (PECs; e.g., laminar airflow workbenches [LAFW] and systems [LAFS], biological safety cabinets [BSC], compounding aseptic isolators [CAI], compounding aseptic containment isolators [CACI])	
2.2 Types of secondary engineering controls (SECs; e.g., anteroom, buffer area, segregated compounding areas [SCAs], containment segregated compounding areas [C-SCAs])	
2.3 Features of secondary engineering controls (SECs; e.g., air pressure differentials, HEPA filtration, ISO classification, air changes per hour [ACPH])	
2.4 Temperature, pressure, and humidity parameters and/or tolerances for facilities and controlled environments	
2.5 Procedures and requirements for conducting different types of environmental monitoring	
2.6 Action levels and parameters for assessing environmental monitoring results (e.g., surface sampling, viable air sampling, non-viable air sampling)	
2.7 Common factors contributing to out of specification environmental monitoring results	
2.8 Operational standards (e.g., food and drink restrictions, facility access) for maintaining the safety and sterility of sterile compounding environments	

3.0 Sterile Compounding Procedures	**53%**

3.1 Types, purpose, and procedures for conducting required personnel training and competency assessments (e.g., gloved fingertip sampling, media fill) and the minimum frequency with which they must occur
3.2 Equations and calculations used to prepare compounded sterile preparations (CSPs; e.g., infusion times, percent solutions, dilutions, alligations, dispensing quantities, days supply, ratios and proportions, quantities, doses, concentrations, conversions)
3.3 Personal health and hygiene requirements for sterile compounding (e.g., no active respiratory infections, rashes, weeping sores, visible jewelry, long or artificial nails, cosmetics)
3.4 Hand hygiene procedures
3.5 Types of garb and personal protective equipment (PPE)
3.6 Procedures for donning, doffing, and disposal of garb and personal protective equipment (PPE) for non-hazardous and/or hazardous drugs
3.7 Properties and usage indications for deactivating, decontaminating, cleaning, and disinfecting agents
3.8 Procedures and requirements for cleaning and disinfecting compounding equipment, primary engineering controls (PECs), and secondary engineering controls (SECs) for non-hazardous compounded sterile preparations (CSPs)
3.9 Procedures and requirements for deactivating, decontaminating, cleaning, and disinfecting compounding equipment, primary engineering controls (PECs), and secondary engineering controls (SECs) for hazardous compounded sterile preparations (CSPs)
3.10 Principles of aseptic manipulation and procedures for operating within horizontal and vertical air flow equipment (e.g., first air, zone of turbulence)
3.11 Types of and requirements for cleaning and disinfecting critical sites of components (e.g., vials, ampules, ports)
3.12 Safety procedures for handling sharps
3.13 Documentation and record-keeping requirements for sterile compounding (e.g., master formulation record, compounding record)
3.14 Procedures to accurately weigh and measure components; principles of volumetric and gravimetric accuracy
3.15 Procedures for compounding parenteral nutrition (PN)
3.16 Procedures for preparing specialized compounded sterile preparations (CSPs; e.g., epidurals, intrathecals, cassettes, ophthalmics, irrigations)
3.17 Procedures for compounding hazardous drugs (e.g., negative pressure technique, using closed system drug-transfer devices [CSTDs])
3.18 Procedures for compounding sterile preparations from non-sterile components (e.g., presterilization, terminal sterilization, filtration, aseptic preparation)
3.19 Potential signs of defective compounded sterile preparations (CSPs; e.g., discoloration, particulates, leaks, turbidity)
3.20 Conditions under which sterility, potency, and endotoxin testing are required
3.21 Procedures for interpreting results of sterility, potency, and endotoxin testing

4.0 Handling, Packaging, Storage, and Disposal	8%
4.1 Handling, labeling, packaging, storage, and disposal requirements for non-hazardous medications, components, sharps, and finished compounded sterile preparations (CSPs)	
4.2 Handling, labeling, packaging, storage, and disposal requirements for hazardous medications, components, sharps, and finished compounded sterile preparations (CSPs)	
4.3 Types of and requirements for supplies used in packaging and repackaging (e.g., bags, syringes, glass, PVC, latexfree, DEHP-free)	

APPENDIX F: CSPT EXAM MEDICATIONS LIST

CSPT Exam Medications List

A	B

C	D
acetaminophen injection	*bendamustine HCl injection*
acetazolamide sodium injection	betamethasone sodium phosphate/betamethasone acetate injection
acetic acid irrigant	*bevacizumab injection*
acetylcysteine injection	*bivalirudin injection*
acyclovir sodium injection	*bleomycin sulfate injection*
adalimumab	*bupivacaine injection (HCl and liposomal)*
adenosine injection	
albumin human injection	
allopurinol injection	
alprostadil	
alteplase recombinant injection	
amikacin sulfate injection	
amino acid injection (general formulations)	
aminophylline (theophylline ethylenediamine) injection	
amiodarone HCl injection	
amphotericin B cholesteryl sulfate complex	
amphotericin B deoxycholate injection	
amphotericin B lipid complex	
amphotericin B liposome	
ampicillin injection	
ampicillin sodium/sulbactam sodium injection	
antithymocyte globulin (rabbit) injection	
argatroban injection	
asparaginase injection	
atracurium besylate injection	
atropine sulfate injection	
azathioprine sodium injection	
azithromycin injection	
aztreonam injection	

calcium chloride injection	*dacarbazine injection*
calcium gluconate injection	*dactinomycin injection*
carbamazepine injection	daptomycin injection
carboplatin injection	*daunorubicin citrate liposomal injection*
caspofungin acetate injection	*daunorubicin HCl injection*
cefazolin sodium injection	deferoxamine mesylate injection
cefepime HCl injection	dexamethasone sodium phosphate injection
cefotaxime sodium injection	*dexmedetomidine HCl injection*
cefotetan disodium injection	*dextrose injection*
cefoxitin sodium injection	diazepam injection
ceftazidime injection	*digoxin injection*
ceftriaxone sodium injection	dihydroergotamine mesylate injection
cefuroxime sodium injection	*diltiazem HCl injection*
chloramphenicol sodium succinate injection	dimercaprol injection
chlorpromazine HCl injection	diphenhydramine HCl injection
ciprofloxacin injection	*dobutamine HCl injection*
cisplatin injection	*docetaxel injection*
clindamycin phosphate injection	*dopamine HCl injection*
cyclophosphamide injection	*doxorubicin HCl injection (conventional and liposomal)*
cyclosporine injection	doxycycline hyclate injection
cytarabine injection (conventional and liposomal)	
E	**F**

enalaprilat injection	famotidine injection
enoxaparin sodium injection	fat emulsion intravenous
ephedrine sulfate injection	*fentanyl citrate injection*
epinephrine injection	filgrastim injection
epoetin alfa recombinant (erythropoietin) injection	fluconazole injection
epoprostenol sodium injection	*fludarabine phosphate injection*
eptifibatide injection	flumazenil injection
ertapenem sodium injection	*fluorouracil injection*
estradiol cypionate injection	fluphenazine injection
etoposide injection	folic acid injection
	fomepizole injection
	fondaparinux sodium injection
	foscarnet sodium injection
	fosphenytoin sodium injection
	furosemide injection

G	**H**
gadoterate meglumine injection	haloperidol decanoate injection
ganciclovir sodium injection	haloperidol lactate injection
gemcitabine HCl injection	*heparin sodium injection*
gentamicin sulfate injection	hydralazine HCl injection
glucagon injection	hydrocortisone sodium succinate injection
	hydromorphone HCl injection
	hydroxocobalamin injection

I	**K**

ibuprofen injection	*ketamine HCl injection*
ifosfamide injection	ketorolac tromethamine injection
imipenem/cilastatin sodium injection	
infliximab injection	
insulin aspart	
insulin degludec	
insulin degludec and aspart	
insulin detemir	
insulin glargine	
insulin glulisine	
insulin isophane (NPH)	
insulin isophane (NPH) and regular	
insulin lispro	
insulin regular	
interferon alfa-2b	
interferon alfa-n3	
iohexol injection	
irinotecan injection (HCl and liposomal)	
iron dextran injection	
isoniazid injection	
isoproterenol HCl injection	
L	**M**

labetalol HCl injection	*magnesium sulfate injection*
leucovorin calcium injection	mannitol injection
leuprolide acetate injection	medroxyprogesterone acetate injection
levofloxacin injection	*meperidine HCl injection*
levothyroxine sodium injection	meropenem injection
lidocaine HCl injection	*methadone HCl injection*
lidocaine HCl/epinephrine injection	*methotrexate injection*
lorazepam injection	methyldopate HCl injection
	methylene blue injection
	methylprednisolone acetate injection
	metoclopramide HCl injection
	metoprolol tartrate injection
	metronidazole injection
	midazolam HCl injection
	milrinone lactate injection
	morphine injection (sulfate and liposomal)
	moxifloxacin HCl injection
	multivitamins parenteral (MVI)
	mycophenolate mofetil HCl injection
N	**O**
nafcillin sodium injection	octreotide acetate injection
naloxone HCl injection	ondansetron HCl injection
natalizumab injection	oxacillin sodium injection
neostigmine methylsulfate injection	*oxaliplatin injection*
nitroglycerin injection	*oxytocin injection*
nitroprusside sodium injection	
norepinephrine bitartrate injection	
P	**Q**

R	S
paclitaxel injection (conventional and protein-bound)	quinupristin/dalfopristin injection
pancuronium bromide injection	
pantoprazole sodium injection	
pegaspargase injection	
peginterferon alfa-2a	
peginterferon alfa-2b	
penicillin G benzathine	
penicillin G potassium	
penicillin G procaine	
pentobarbital sodium injection	
pentostatin injection	
phenobarbital sodium injection	
phenylephrine HCl injection	
phenytoin sodium injection	
phytonadione (vitamin K) injection	
piperacillin sodium/tazobactam sodium injection	
potassium acetate injection	
potassium chloride injection	
potassium phosphate injection	
procainamide HCl injection	
prochlorperazine edisylate injection	
progesterone injection	
promethazine HCl injection	
propofol injection	
propranolol HCl injection	
protamine sulfate injection	
pyridostigmine bromide injection	

ranitidine injection	scopolamine (hyoscine) hydrobromide injection
reteplase recombinant injection	sodium acetate injection
rifampin injection	*sodium chloride injection*
risperidone injection	sodium ferric gluconate complex injection
rituximab injection	sodium lactate injection
rocuronium bromide injection	sodium nitrate/sodium thiosulfate injection
	sodium phosphate injection
	succinylcholine chloride injection
	sulfamethoxazole/trimethoprim injection
T	**V**
tacrolimus injection	valproate sodium injection
tenecteplase recombinant injection	vancomycin HCl injection
testosterone injection	*vasopressin injection*
theophylline injection	*vecuronium bromide injection*
tobramycin injection	*verapamil HCl injection*
trace elements combinations injection	*vinblastine sulfate injection*
tranexamic acid injection	*vincristine sulfate injection (and liposome)*
trastuzumab injection	*vinorelbine tartrate injection*
tuberculin purified protein derivative injection	voriconazole injection
W	**Z**
warfarin sodium injection	zinc sulfate injection
	ziprasidone mesylate injection

Italicized drugs are included on ISMP's List of High-Alert Medications in Acute Care, Community and Ambulatory Healthcare, and Long-Term Care (LTC) Settings.

APPENDIX G: CSPT EXAM REFERENCES LIST

CSPT Exam References List
2014 ASPEN Clinical Guidelines: Parenteral Nutrition Ordering, Order Review, Compounding, Labeling, and Dispensing

ASHP Guidelines on Compounding Sterile Preparations

ASHP Guidelines on Handling Hazardous Drugs

Facts and Comparisons

ISMP Guidelines for Safe Preparation of Compounded Sterile Preparations

The ISMP List of High-Alert Medications in Acute Care Settings

The ISMP List of High-Alert Medications in Community/Ambulatory Healthcare

The ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings

NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Setting, 2016

UpToDate Lexidrug

USP Compounding Compendium Online

APPENDIX H: RECERTIFICATION POLICY

Recertification Policy

PHARMACY TECHNICIAN CERTIFICATION BOARD RECERTIFICATION POLICY

A. Introduction.

The Pharmacy Technician Certification Board (PTCB) develops examination-based, professional certification programs. PTCB is responsible for the development and implementation of policies related to its certification programs, certifying qualified candidates who meet eligibility requirements. Each PTCB Certification program's goal is to enable pharmacy technicians to work more effectively with pharmacists to offer greater patient care and service, and pharmacy technicians who are granted PTCB Certification(s) must demonstrate an ongoing professional commitment to the field of pharmacy.

This Policy establishes the requirements that PTCB certificants must satisfy in order to maintain certification(s) and explains the related standards, guidelines, and procedures of PTCB Certification Programs. Inquiries or questions concerning this Policy, or the recertification process should be directed to PTCB.

B. Statement of Purposes.

PTCB Certification Programs support the ongoing professional development of PTCB certificants and maintain the integrity of the PTCB Certifications. Among other purposes, each certification program is intended to: require reasonable and appropriate continuing educational and professional activities; enhance the ongoing professional development and competence of certificants; encourage and recognize individualized learning opportunities; and, provide a standardized, objective, and straightforward process for obtaining and recording professional development activities. All certificants must complete the recertification process to maintain an active certification status.

C. Recertification Cycle.

The CPhT and CPhT-Adv credentials remain active for a period of approximately two (2) years, subject to applicable PTCB policy requirements. To maintain certification, CPhTs and CPhTs-Adv must complete the recertification process every two (2) years. The CSPT credential remains active for a period of approximately one (1) year. To maintain certification, CSPTs must complete the recertification process annually. The recertification cycle will begin on the date that certification or recertification is granted to a certificant. At the end of the recertification cycle, each certification will expire unless it is renewed.

D. Accreditation Council for Pharmacy Education's (ACPE) Definition of Continuing Pharmacy Education for the Profession of Pharmacy.

Continuing pharmacy education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

E. Required Continuing Education (CE) Hours.

Consistent with the terms of this Policy, certificants must satisfy the following requirements to maintain certification.

   1. CPhT Continuing Education (CE) Requirements. During each two (2)-year recertification cycle, CPhT certificants must complete a minimum of twenty (20) hours of CE containing subject matter listed within PTCB's Pharmacy Technician Certification Exam® (PTCE®) Content Outline. For recertification candidates, one (1) hour of the twenty (20) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety defined in the ACPE Policy and Procedures Manual). For reinstatement candidates, two (2) of the twenty (20) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety. A maximum of ten (10) hours of the twenty (20) hours may be earned by completing a relevant college course with a grade of "C" or better.

      a. CE Completion Time Period. Certificants must complete all CE hours within the two (2)-year recertification cycle (on or before the expiration date). No CE hours completed before certification is granted may be used to

satisfy recertification requirements. CE hours can only be applied to the recertification cycle in which they are completed, and cannot be carried over and applied to future cycles.

2. Compounded Sterile Preparation Technician® (CSPT®) Continuing Education (CE) Requirements. CSPT certificants must be active PTCB CPhTs in good standing. CSPTs must complete and submit the CSPT Competency Attestation Form during each one (1)-year recertification cycle.

>   **a. CSPT Competency Attestation Form.** The CSPT Competency Attestation Form is used to document that the necessary training, skill assessment, and competency assessment have been completed each year for a CSPT. The form must be completed by a qualified supervisor who has directly observed the training, skill assessment, and competency assessment of the certificant. A qualified supervisor must be in good standing with their current employer and all regulatory bodies (e.g., state board of pharmacy) that have jurisdiction over the supervisor's work site and must have at least five (5) years of experience working directly with or supervising compounded sterile preparations (CSPs) production. This form is required annually to maintain CSPT Certification.

>   **b. CE and Competency Attestation Form Completion Time Period.** Certificants who renew PTCB CPhT+CSPT or CPhT-Adv+CSPT must complete a minimum of 10 Compounding CE hours on or before the expiration date (earned any time over the two-year CPhT or CPhT-Adv renewal cycle) and submit the Competency Attestation Form. CE hours completed before earning CSPT Certification may not be used to satisfy recertification requirements. The required CE hours for the CPhT+CSPT or CPhT-Adv+CSPT application may be earned at any time during the two-year CPhT or CPhT-Adv renewal cycle, but cannot be applied to past or future cycles.

?3. Advanced Certified Pharmacy Technician (CPhT-Adv) Continuing Education (CE) Requirements. CPhT-Adv certificants must satisfy the CPhT CE requirements in section E.1 plus an additional five (5) hours of CE for a total of twenty-five (25) during each two (2)-year recertification cycle. For recertification candidates, one (1) hour of the twenty-five (25) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety. For reinstatement candidates, two (2) of the twenty-five (25) hours must be in the subject of pharmacy law and one (1) hour must be in the subject of patient safety.

>   **?a. CE Completion Time Period.** Certificants must complete all CE hours within the two (2)-year recertification cycle (on or before the expiration date). No CE hours completed before certification is granted may be used to satisfy recertification requirements. CE hours can only be applied to the recertification cycle in which they were completed, and cannot be carried over and applied to future cycles.

F. Approved Continuing Education (CE) Activities.

Unless otherwise permitted by this Policy, in order to be accepted and approved by PTCB, all CE activities must pertain to the program-specific subject matter requirements outlined in section G.

>   **1. Seminars, Workshops, and Conferences.** CE hours may be earned by attending seminars, workshops, conferences, or other educational programs that primarily contain subject matter aligned with the PTCB Certification Program's Exam Content Outline, consistent with the terms of this Policy. These programs may include a live, web-based, or recorded presentation, teleconference, virtual meeting, panel discussion, or workshop.

>   >   **?a. Documentation Required.** For non-ACPE-accredited CE activities, certificants must maintain a Certificate of Completion, Statement of Credit, or Transcript issued by the program provider, that includes the name of the participant; title and completion date of the program; program sponsor or provider name; and number of hours awarded.

>   **2. College Courses.** CE hours may be earned for the successful completion of relevant academic coursework at a regionally accredited university, college, or community college during the current recertification cycle. Certificants will be granted (10) CE hours for a course (or courses) equal to (3) three academic credit hours, so long as the certificant receives a grade of "C" or better. Relevant coursework must contain subject matter contained within the Pharmacy Technician Certification Examination (PTCE®) Content Outline.

>   >   **?a. Documentation Required.** Certificants must maintain an official transcript, grade report, or verification form issued by the educational institution, which indicates a grade of "C" or better in the course. The documentation must include the certificant's name and completion date.

>   **3. Service to PTCB.** CE hours may be earned for unpaid participation in certain PTCB activities and functions that are essential to maintaining the Certification Program. The activities and functions that are eligible for CE hours and the

amount of CE hours that will be granted are at the discretion of the PTCB Certification Council.

> **?a. Documentation Required.** Certificants must maintain a signed letter of participation and CE award from an authorized representative of PTCB.

G. Accepted Continuing Education (CE) Subject Matter.?

> **1. Pharmacy Technician Subject Matter** – To qualify, a CE activity must contain subject matter listed in PTCB's PTCE® Content Outline. Accepted CEs are described in the following statements:

A. CE activities offered by ACPE-accredited providers with the target audience designation 'T' (Technician-specific; 'T-specific') satisfy the requirement pertaining to pharmacy technician subject matter found within the PTCE® Content Outline.

B. PTCB accepts CE from ACPE-accredited providers with the target audience designation 'P' (Pharmacist-specific; 'P-specific') not to exceed five (5) hours for CPhTs if the CE activity contains subject matter found within the PTCE® Content Outline and an additional five (5) CE hours for CPhT-Adv certificants in any pharmacy topic.

C. CE activities from non-ACPE-accredited providers will be accepted if PTCB determines that the activity contains subject matter listed within the PTCE® Content Outline.

> **?2. Sterile Compounding Subject Matter** – To qualify, a CE activity must contain subject matter related to compounding sterile preparations.

H. General Recertification Requirements.

The processes and requirements for application submission and review are as follows.

> **1. Completed Application.** Recertification is not automatic, and candidates must complete and submit a recertification application before the certification expiration date.

> **2. Code of Conduct.** Certificants must comply with the PTCB Code of Conduct, and related PTCB policies, to remain in good standing and maintain active certification status.

> **3. Recertification Processing Fee.** Certificants must pay all fees related to the PTCB Certification Program for each recertification cycle by the certification expiration date to maintain certification and to remain in good standing with PTCB.

> **4. Application Submission Period.** PTCB will establish a submission period prior to the certification expiration date, during which recertification applications will be accepted. Certificants should submit applications by the application deadline date, the first day of the expiration month. PTCB will still accept recertification applications up until 11:59 PM ET of the expiration date.

> **5. Application Methods.** Certificants are responsible for reporting CE activities and the related hours to PTCB in the recertification application. Certificants must submit electronic applications online at www.ptcb.org.

> **6. Continuing Education (CE) Records**. Certificants must maintain their own records of CE hours earned and any additional required supporting documentation during each recertification cycle and are responsible for maintaining these records for at least one (1) year after the recertification cycle ends. Such records should be stored in a safe and secure manner. Records must include Certificates of Completion, CPE Monitor Transcript, Statement of Credits, and/or Competency Attestation Forms.

>> **a. Original Records.** Certificants must maintain their own records documenting their CE activities. Certificants should not send original documents to PTCB. A copy of the original documentation will be required if the certificant is audited, or if PTCB returns a recertification application to a certificant for correction, revision, or supplemental information.

> **7. Application Processing.** Applications are processed by PTCB in the order in which they are received. PTCB reserves the sole and exclusive right to evaluate all recertification activities and programs on an individual basis, and to deny, modify, or reduce hours for those activities that fail to meet the terms of this Policy and other PTCB requirements.

> **8. Returned Applications.** Applications that are incomplete, contain errors, do not meet policy requirements, or provide inadequate CE information (e.g., do not include the full name of the course and provider) will be returned to PTCB certificants via email for correction and/or clarification. Certificants receiving a returned recertification application

will be given thirty (30) days from the receipt of the returned application from PTCB to make and submit requested corrections. PTCB will not accept CEs completed after the certification expiration date during this return period.

9. Application Fee. Recertification fees will be determined by PTCB, and are subject to change. Current fee information can be found online at www.ptcb.org. Additional fees may apply for reprocessing of applications returned for correction.

10. Granting Recertification. Once PTCB has approved a certificant for recertification, PTCB will update its verification database and a certificate will be available online at www.ptcb.org for candidates to download and print.

I. Mandatory Recertification Audits.

For each recertification cycle, PTCB will conduct audits utilizing data from the NABP CPE Monitor and/or review documentation to verify compliance with this Policy. PTCB has the discretion to audit the recertification eligibility of a PTCB certificant at any time. Certificants must comply with all audit instructions and requirements and must upload or otherwise submit copies of the applicable documentation supporting all reported recertification activities for the current recertification cycle. Failure to satisfy or comply with audit requirements will result in denial of recertification, suspension, or revocation of certification, consistent with the terms of this Policy.

J. Failure to Satisfy Recertification Requirements.

Certificants who fail to satisfy the requirements of this Policy may be subject to the following.

1. Expired and Eligible for Reinstatement. Certificants who fail to satisfy the recertification requirements prior to the end of the recertification cycle are no longer certified and will be placed on a list of expired certificants. PTCB will send an expiration notice via email to the certificants included on this list immediately following the end of the recertification cycle. Expired certificants are eligible to reinstate within one (1) year of the certification expiration date, subject to the terms and requirements of Section K unless otherwise provided by this Policy or instructed by PTCB.

2. Expired and Ineligible for Reinstatement. Expired certificants who do not reinstate within one (1) year following the certification expiration date are no longer certified and will have all certification rights terminated. PTCB will send a reinstatement notice via email to those expired and eligible for reinstatement certificants immediately following the end of the recertification cycle. Certificants remain subject to the terms and requirements of Section K unless otherwise provided by this Policy or instructed by PTCB.

3. Extension. PTCB does not grant extensions of the recertification cycle or certification expiration dates. Certificants are encouraged to apply for recertification early during the application submission period starting sixty (60) days before the certification expiration date.

4. Prohibited Use of Credential. A certificant whose certification has expired may not claim to be an active certificant or currently certified by PTCB, and may not use any PTCB designation, credentials and/or certification marks until they receive notice from PTCB that their active certification status has been reinstated, consistent with the terms of this Policy.

K. Reinstatement Requirements.

Expired certificants are eligible to reinstate within one (1) year following the certification expiration date. Reinstatement candidates must complete all the application requirements presented for recertification candidates unless otherwise specified in this section.

1. Application Fee. Certificants requesting reinstatement must pay all fees related to reinstatement by the end of the one (1)-year reinstatement period. Reinstatement fees will be determined by PTCB, and are subject to change. The current Reinstatement Application fee can be found online at www.ptcb.org. Additional fees may apply for reprocessing of applications returned for correction, returned checks, or refunds due to overpayment.

2. CPhT Continuing Education (CE) Requirements. Requirements for reinstatement are explained in section E.1 of this Policy. CE hours will be granted for participation in approved activities during the recertification cycle and during the one (1)-year reinstatement period. Expired certificants seeking reinstatement will need to complete all applicable recertification requirements contained in this Policy.

3. CSPT Continuing Education (CE) Requirements. Requirements for reinstatement are explained in Section E.2 of this Policy. In addition, a certificant must be an active PTCB CPhT or CPhT-Adv in good standing to be eligible to reinstate their CSPT certification. CE hours will be granted for participation in approved activities during the recertification cycle and during the one (1)-year reinstatement period. Expired certificants seeking reinstatement will need to complete all applicable recertification requirements contained in this Policy.

4. CPhT-Adv Continuing Education (CE) Requirements. Requirements for reinstatement are explained in section E.3 of this Policy. CE hours will be granted for participation in approved activities during the recertification cycle and during the one (1)-year reinstatement period. Expired certificants seeking reinstatement will need to complete all applicable recertification requirements contained in this Policy.

5. Granting Reinstatement. Certificants who successfully reinstate their certification are restored to active status and can resume using their PTCB credentials and certification marks. Certificants who reinstate will be updated in the PTCB verification database, and a certificate will be available online at www.ptcb.org to download and print. Reinstated certificants will be granted the remaining balance of their recertification cycle. Expired certificants must comply with all requirements when submitting a reinstatement application.

6. Failure to Satisfy Reinstatement Requirements. Expired certificants who fail to satisfy the reinstatement requirements prior to the end of the one (1)-year reinstatement period and wish to regain PTCB certification must complete the process for initial certification again.

APPENDIX I: PTCB EMERITUS STATUS POLICY

PTCB Emeritus Status Policy

PTCB CPhT, CSPT and CPhT-Adv EMERITUS STATUS

1. Emeritus Status. PTCB permits eligible certificants who are no longer practicing pharmacy technicians, to request Certified Pharmacy Technician (CPhT), Certified Compounded Sterile Preparation Technician® (CSPT®), or Advanced Certified Pharmacy Technician (CPhT-Adv) Emeritus Status. Emeritus Status allows nonpracticing and retired certificants to maintain a status of professional distinction. The Emeritus Status designation represents that the former certificants are not actively working as PTCB CPhTs, CSPTs, or CPhTs-Adv. The designation is not a credential for practice.

2. Emeritus Status Eligibility.

A. A CPhT in good standing is eligible for CPhT Emeritus Status if: the CPhT has been certified by PTCB for at least ten (10) years; the CPhT is no longer practicing as a pharmacy technician; the CPhT is not currently employed as a pharmacy technician; and, the CPhT otherwise satisfies all applicable PTCB policies and requirements.
B. A CSPT in good standing is eligible for CSPT Emeritus Status if: the CSPT has been a PTCB CPhT and/or CPhT-Adv for a total of at least ten (10) years; the CSPT is no longer compounding sterile preparations; and, the CSPT otherwise satisfied all applicable PTCB policies and requirements.
C. A CPhT-Adv in good standing is eligible for CPhT-Adv Emeritus Status if: the CPhT-Adv has been certified and/or has been a PTCB CPhT for a total of at least ten (10) years; the CPhT-Adv is no longer practicing as a pharmacy technician; the CPhT-Adv is not currently employed as a pharmacy technician; and, the CPhT-Adv otherwise satisfies all applicable PTCB policies and requirements.

3. Emeritus Status Requirements and Fees. Certificants granted Emeritus Status are not required to satisfy PTCB recertification requirements, including continuing education (CE), or pay certification renewal fees. An Emeritus Status applicant is required to apply and pay the nonrefundable Emeritus application fee.*

4. Emeritus Status Recognition and Program Participation. Certificants granted Emeritus Status will be recognized in the PTCB directory of inactive certificants, and will be entitled to participate in PTCB Certification Program activities.

5. Emeritus Status Designation and Marks. Certificants granted Emeritus Status will be permitted to use the PTCB Certified Pharmacy Technician (CPhT), Certified Compounded Sterile Preparation Technician (CSPT) or Advanced Certified Pharmacy Technician (CPhT-Adv) Emeritus Status designation and trademarks in both word and design formats. The Emeritus Status designation and marks may be displayed on a former certificant's resume and similar materials, as long as the years of active PTCB Certification are identified with the designation.

Examples of proper use of Emeritus Status designation:

Joanne Smith
PTCB CPhT Emeritus (CPhT 2000-2010)

Malcolm Reynolds
CSPT Emeritus (CSPT 2017-2020)

Lane Russell
PTCB CPhT-Adv Emeritus (CPhT-Adv 2020-2025)

Certificants granted Emeritus Status are not permitted to display or otherwise use the PTCB Certified Pharmacy Technician and CPhT, Certified Compounded Sterile Preparation Technician and CSPT, or Advanced Certified Pharmacy Technician and CPhT-Adv credentials and certification marks unless they have qualified for active PTCB certification status consistent with all PTCB policies and requirements.

6. Additional Emeritus Status Policy Requirements. Certificants granted Emeritus Status must abide by the PTCB Code of Conduct and other applicable PTCB policies in order to maintain Emeritus Status. Failure to comply with such policies and rules may result in sanctions and corrective actions, including the loss of Emeritus Status.

7. Return to Active Certification Status. Certificants granted Emeritus Status who return to an active pharmacy technician role and wish to use the PTCB CPhT, CSPT, or CPhT-Adv credential in conjunction with such work may do so if they meet one of the following requirements:

a. If the certification status would have remained active without the Emeritus Status, then the individual may reactivate their certification by petitioning PTCB in writing.

b. Those who are within one year of their certification expiration date at the time the Emeritus Status was granted must petition PTCB in writing and seek reinstatement according to PTCB policies, including completing the requisite continuing education, applying for reinstatement, and paying all applicable fees.

c. Those who are more than one year past their certification expiration date must reapply and pass the certification exam.

*CPhTs or CPhTs-Adv who also hold a CSPT certification and apply for CPhT or CPhT-Adv Emeritus Status will automatically be granted Emeritus Status for both Certifications. CSPTs who apply for CSPT Emeritus may still hold an active CPhT or CPhT-Adv Certification.

APPENDIX J: VOLUNTARY SURRENDER OF CERTIFICATION POLICY

Voluntary Surrender of Certification Policy

VOLUNTARY SURRENDER OF CERTIFICATION POLICY
A certificant may voluntarily surrender their certification subject to certain conditions.

1. Voluntary Surrender. A certificant may seek to voluntarily surrender their certification by submitting a written request to PTCB.

a**.** Once the surrender is complete, the certificant will be removed from the active certification record. All fees and charges paid to PTCB will be forfeited upon surrender. A former certificant may not: represent themselves as certified by PTCB; use any PTCB credentials and certification marks; or, represent that they are otherwise affiliated with PTCB.

b. If the certificant is the subject of a current conduct complaint and investigation, the certificant may surrender their certification, and if at any point they wish to regain certification, the certificant should be aware that the investigation process will be resurrected.

c. If the certificant is under a current sanction, such as suspension, the certificant may surrender the certification, but the sanction will remain in effect for the applicable period.

2. Regaining Certification Following Voluntary Surrender. A certificant who voluntarily surrendered their PTCB certification may be permitted to reapply for certification. The former certificant may be granted certification if they satisfy all current certification eligibility requirements, and pay all required fees, and/or comply with PTCB procedures, as set forth in PTCB policies.

APPENDIX K: PTCB FORMS

Forms
Conduct Charge Statement

CSPT® Competency Attestation Form

Emergency Withdrawal Request Form

PTCB Misconduct Disclosure Checklist Form

PTCE® Preparation Attestation Form

Reapplication Petition Form

Request for Testing Accommodations Form

Supervisor Attestation Form for the PTCB Billing and Reimbursement Certificate Program

Supervisor Attestation Form for the PTCB Medication History Certificate Program