

# PTCB Certified Pharmacy Technician (CPhT) Candidate Application Guide

This guide will walk you through the steps to purchase the PTCB Practice Exam and apply for the Pharmacy Technician Certification Exam (PTCE).

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# Account Creation

Navigate to [ptcb.org](http://ptcb.org) and click Login in the top right corner of the homepage. If you do not have an account you will be guided through the eight steps to create one. After your account is created you will be able to purchase the Practice Exam and apply for the Pharmacy Technician Certification Exam (PTCE).

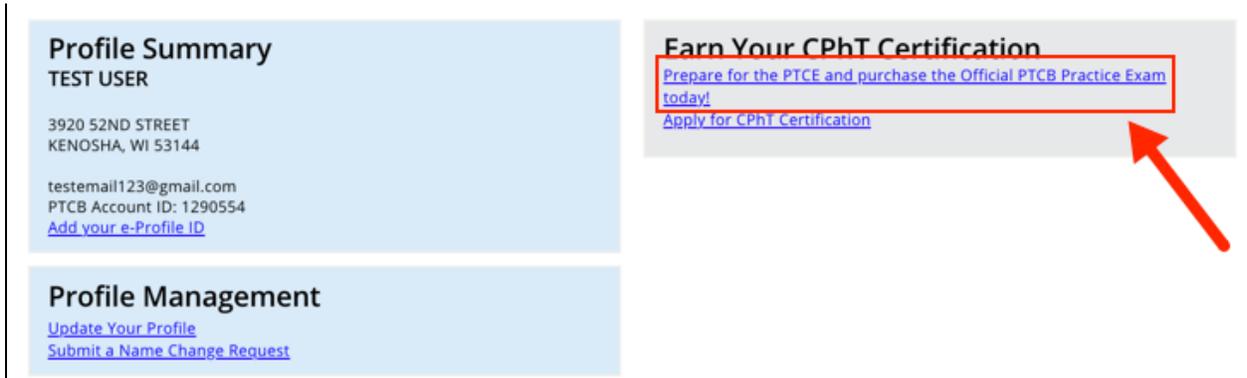
# Account Homepage

Once you are logged in you can click on Apply for CPhT Certification or Purchase a Practice Exam.

The screenshot shows the PTCB account homepage for a test user. At the top right, it says "TEST USER | Logout". The PTCB logo is on the left. Below the logo is a navigation bar with "Home", "Orders and Payments", "Credential Center", and "Help". The main content area is divided into three sections: "Profile Summary" (TEST USER, 3920 52ND STREET, KENOSHA, WI 53144, testemail123@gmail.com, PTCB Account ID: 1290554, Add your eProfile ID), "Profile Management" (Update Your Profile, Submit a Name Change Request), and "Manage My CPhT Certification" (Prepare for the PTCE and purchase the Official PTCB Practice Exam today!, Apply for CPhT Certification). A red arrow points to the "Apply for CPhT Certification" link. The footer contains the PTCB address (2215 Constitution Avenue, NW, Suite 101, Washington DC 20037), the SecureTrust logo (CLICK TO VALIDATE), and the text "Powered By: Cobalt", "© 2018 PTCB", "Privacy Policy", and "Contact Us".

*Please note: If you were provided this guide by your employer or education/training program because they are sponsoring your fee, it is important to select either the CPhT Certification Application or the Practice Exam. Your sponsorship voucher number or pre-approval will only work for which your employer or education/training program has chosen to sponsor.*

# Purchasing a Practice Exam

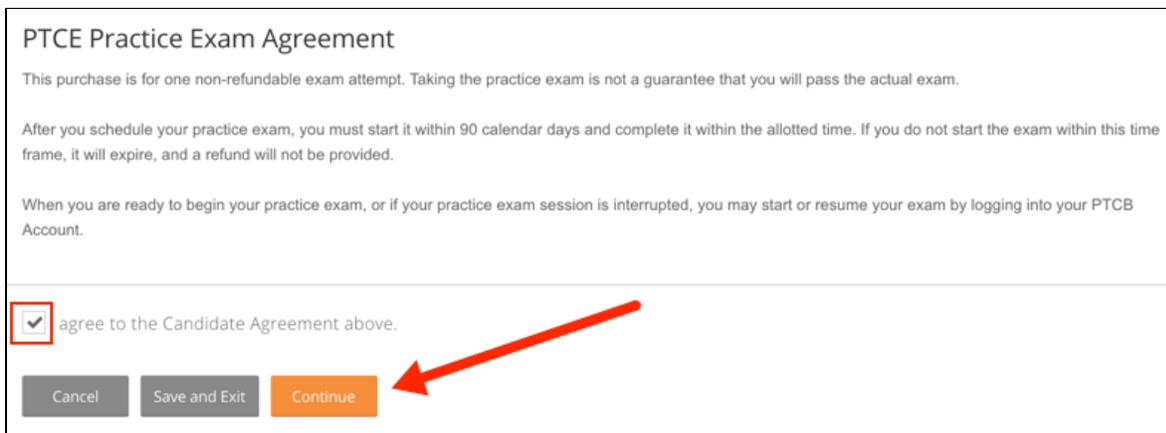


The screenshot shows a user profile page. On the left, there is a 'Profile Summary' section for 'TEST USER' with contact information and a 'Profile Management' section with links to 'Update Your Profile' and 'Submit a Name Change Request'. On the right, there is a 'Earn Your CPhT Certification' section. A red rectangular box highlights the link 'Prepare for the PTCE and purchase the Official PTCE Practice Exam today!', and a red arrow points from the bottom right towards this link.

Select Purchase the Practice Exam

## Purchase Agreement

Click this link to begin the purchase process. The next step is the purchase agreement.



The screenshot shows a 'PTCE Practice Exam Agreement' form. It contains several paragraphs of text explaining the terms of the exam. At the bottom, there is a checkbox with a checkmark inside, followed by the text 'agree to the Candidate Agreement above.'. Below this, there are three buttons: 'Cancel', 'Save and Exit', and 'Continue'. A red rectangular box highlights the checkbox, and a red arrow points from the top right towards the 'Continue' button.

## Sponsorship

You will be asked if an organization (educator or employer) is paying the Practice Exam fee. Select which applies to you.

## Not Sponsored

If you do not have a voucher for the Practice Exam select no.

### Exam Application - Sponsorship

If your employer or educational institution is paying your exam fees, select **Yes**. Otherwise, select **No**.

To select your sponsor, start typing the organization name in the box below.

---

Is your employer or educator paying for your certification fee at this time?

Yes  
 No

Will your employer reimburse you for the PTCE Practice Exam fee?

Yes  
 No

Indicate if you will be reimbursed for the practice exam fee.

## Order Summary

### Exam Application - Order Summary

Please review your exam application order and select **Make a Payment**.

Product	Qty	Price	Total
PTCE Practice Exam	1	\$29.00	\$29.00

Balance Due \$29.00



Enter and apply a promo code at this step.

*Please note: This is not sponsorship and this is not where you enter a voucher.*

Click Make a Payment to enter payment and proceed to Schedule The Practice Exam.

## Sponsored

Select that you are sponsored and then enter the organization that is paying the Practice Exam fee. When selected, you will be prompted to enter the voucher number provided to you.

### Exam Application - Sponsorship

If your employer or educational institution is paying your exam fees, select **Yes**. Otherwise, select **No**.

To select your sponsor, start typing the organization name in the box below.

Is your employer or educator paying for your certification fee at this time?

Yes

No

Who is sponsoring you?

Enter Voucher Number

Back Cancel Continue

*Please note: Only vouchers for the Practice Exam will work in this section. If you received a voucher for the PTCE, you will redeem that voucher within the PTCE application.*

## Practice Exam Application Confirmation

The next step is to review and submit the application.

## Schedule the Practice Exam

Back on the PTCB Account homepage, there will be a link for scheduling the practice exam. This link should be accessed when you are ready to take the Practice Exam. Since the Practice Exam is not proctored, this step does not involve scheduling an appointment. This step provides a link directly out to the Pearson VUE website where you begin the Practice Exam.

### Profile Summary

TEST USER

3920 52ND STREET  
KENOSHA, WI 53144

testemail123@gmail.com  
PTCB Account ID: 1290554  
[Add your e-Profile ID](#)

### Profile Management

[Update Your Profile](#)  
[Submit a Name Change Request](#)

### Earn Your CPhT Certification

[Schedule My Practice Exam Appointment](#)  
[Apply for CPhT Certification](#)

# CPhT Application

The following pages will provide the steps to apply for the PTCE.

## Candidate Agreement

The first step of the application is to read and agree to the terms of the Candidate Agreement.

### Certification Application - Candidate Agreement

By marking the check box at the bottom of this page, I acknowledge and agree that I have read, understand, and accept the PTCB Candidate Agreement, as amended and revised.

In order to be certified and have my Application submitted to PTCB for review, I accept and agree to the following:

- I have read, understand, and accept the PTCB policies and requirements contained in the [PTCB Candidate Guidebook](#), as amended and revised.
- In order to qualify for PTCB certification, I must fulfill the requirements of all certification and recertification policies and related directions of PTCB.
- 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.
- 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.
- Any failure on my part to provide timely, accurate, and complete information to PTCB concerning my Certification Application may result in sanctions or corrective actions by PTCB, including the rejection of my Application.
- All materials submitted to PTCB, including my Application, become the property of PTCB upon receipt, and these materials will not be returned to me.
- 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.
- I am pursuing PTCB certification for the sole purpose of benefiting my pharmacy career, and I will not use the PTCB credentials I earn in such a manner as to bring PTCB into disrepute.
- PTCB certification 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.
- PTCB certification is awarded to me personally, and my certification may not be transferred or assigned to any other individual, organization, or entity.
- Data related to my participation in the PTCB certification process may be used by PTCB for research and statistical purposes.
- 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 and the Certification Appeals Procedure. 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.
- In the event that my PTCB certification is revoked or I become uncertified for any reason, I will return any physical certificates and wallet cards to PTCB.
- 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 certification; 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.

I agree to the Candidate Agreement above.

Click Continue.

# Eligibility Qualifications

There are two pathways you can select for eligibility.

Pathway 1 - Completion of, or enrollment in, a PTCB-Recognized Education/Training Program

Pathway 2 - Completion of 500 hours of pharmacy technician work experience and supplemental preparation activities.

Employees of organizations that have PTCB-Recognized Education/Training Program who have completed the program should select pathway 1. Employees who have not completed the training and have 500 hours of work experience should choose pathway 2.

TEST USER | Logout

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Home | Orders and Payments | Credential Center | Help

## Eligibility Qualifications

Please select the appropriate eligibility pathway based on your education/training or work experience.

### Pathway Selection

Pathway 1: Completion of a PTCB-Recognized Education/Training Program (or completion within 60 days).

Pathway 2 - Completion of at least 500 hours of work experience as a pharmacy technician.

Back | Cancel | Save and Exit | Continue

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Select which pathway suits your eligibility.

Click Continue.

# Pathway 1

The following is an example for Pathway 1.

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### Eligibility Qualifications

Please select the appropriate eligibility pathway based on your education/training or work experience.

#### Pathway Selection

Pathway 1: Completion of a PTCB-Recognized Education/Training Program (or completion within 60 days).

Pathway 2 - Completion of at least 500 hours of work experience as a pharmacy technician.

Back Cancel Save and Exit Continue

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# Pathway 1

To search for your correct education/training program enter:

1. Completion (or anticipated) Date
2. Name
  - a. **Note: Begin typing the name of your program. Do not press enter. If your program is recognized, it will show up in the drop-down menu.**

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### PTCB-Recognized Education/Training Program Requirement

Input your program completion date and begin typing the name of your PTCB-Recognized Education/Training Program below to select your program from the drop-down menu. **Do not press "Enter". If your program is recognized, it will appear in the drop-down menu.**  
*Please Note: Candidates who are within 60 days of completion must provide proof of program completion to PTCB prior to earning their certification.*  
Having trouble? [Click here to view the PTCB-Recognized Education/Training Program Directory.](#)

Please enter your program completion (or expected completion) date below:

PTCB-Recognized Education/Training Program

Back Cancel Continue 

Home Orders and Payments Credential Center Help

### PTCB-Recognized Education/Training Program Requirement

Input your program completion date and begin typing the name of your PTCB-Recognized Education/Training Program below to select your program from the drop-down menu. **Do not press "Enter". If your program is recognized, it will appear in the drop-down menu.**  
*Please Note: Candidates who are within 60 days of completion must provide proof of program completion to PTCB prior to earning their certification.*  
Having trouble? [Click here to view the PTCB-Recognized Education/Training Program Directory.](#)

Please enter your program completion (or expected completion) date below:

May 1 2020

PTCB-Recognized Education/Training Program

Delgado Community College

PTCB Recognized Education/Training Program City PTCB Recognized Education/Training Program State

New Orleans Louisiana

Back Cancel Continue 

Click Continue.

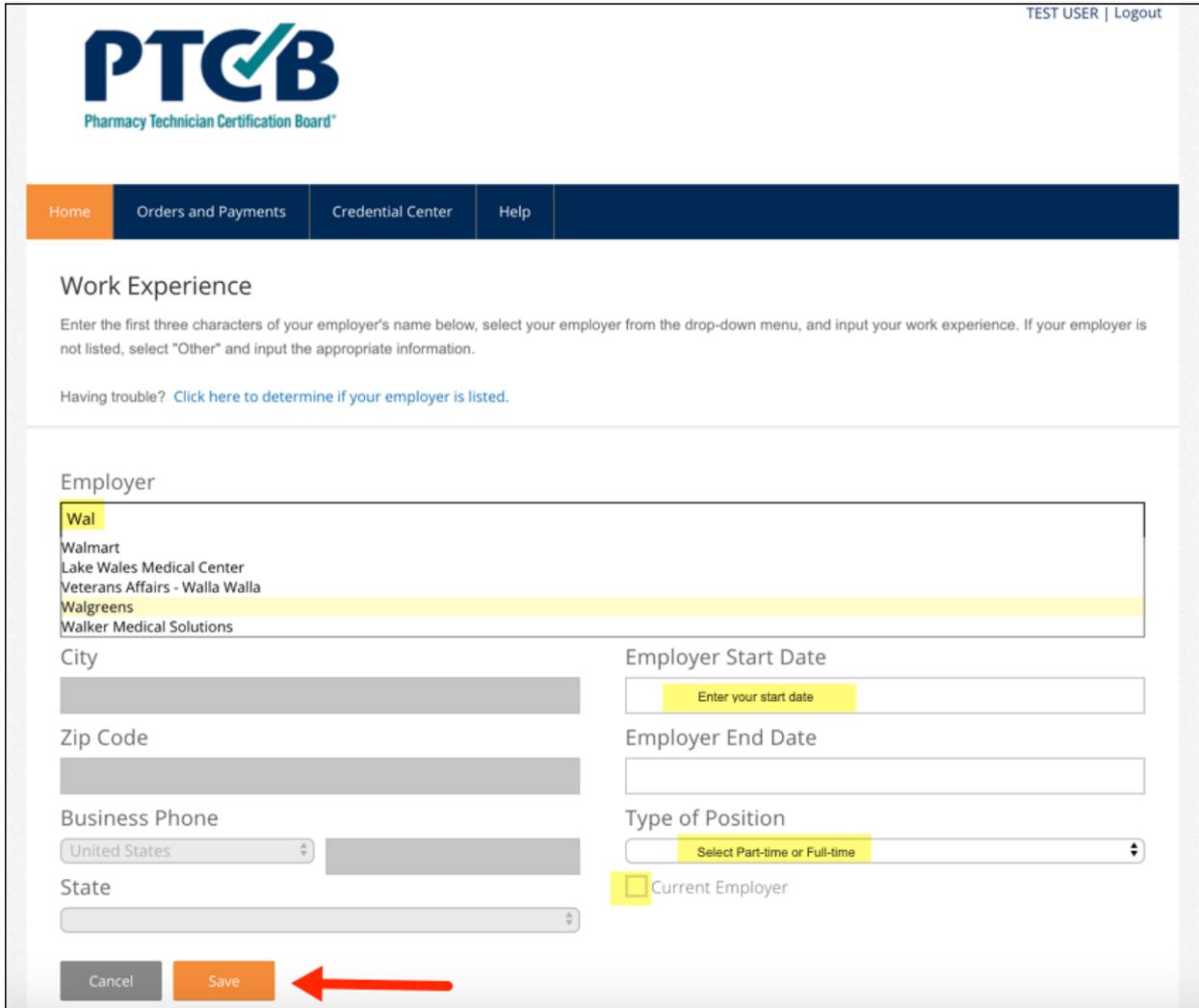
*Please Note: What is shown here is for example only. Please enter this as it pertains to your education.*

**Skip ahead to page 10 to continue. The following pages provide examples of Pathway 2.**

## Pathway 2

To search for your employer please enter only the first three letters of the company, as shown.

*Please note: Do not hit enter when searching. Our system will recognize your employer if you just type the first three letters. A drop down menu, as shown, will appear with employer choices.*



The screenshot shows the PTCB (Pharmacy Technician Certification Board) website interface. At the top right, it says "TEST USER | Logout". The navigation bar includes "Home", "Orders and Payments", "Credential Center", and "Help". The main heading is "Work Experience". Below this, there is a text box for entering the first three characters of the employer's name, with a dropdown menu showing suggestions: "Wal", "Walmart", "Lake Wales Medical Center", "Veterans Affairs - Walla Walla", "Walgreens", and "Walker Medical Solutions". The "Wal" option is highlighted. To the right of the name field are fields for "Employer Start Date", "Employer End Date", and "Type of Position" (with a dropdown menu showing "Select Part-time or Full-time"). Below these is a checkbox for "Current Employer". At the bottom left, there are "Cancel" and "Save" buttons, with a red arrow pointing to the "Save" button.

Click Save.

*Please Note: What is shown here is for example only. Please enter this as it pertains to your work experience.*

## Pathway 2

You have the option to enter multiple employment records if you obtained 500 hours of pharmacy technician work experience at multiple employers.

TEST USER | Logout



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### Eligibility Qualifications: Work Experience

Please list your work experience below, starting with your most recent or current employer. Click "Add Work Experience" to add additional employers. PTCB may contact your employer(s) to verify this information.

*For CSPT, Work experience must be within the last 8 years.*

Name	Address	City	Phone	Supervisor	Start Date	End Date		
Walgreens	102 Wilmot Road MS #1235	Deerfield	800-925-4733	Jane Bond	1/4/2010		Edit	Delete

Add Work Experience

Back Cancel Continue 

Click Continue.

## Knowledge Attestations

For the work experience pathway, you are required to attest to the knowledge areas outlined on the next pages. You must also provide a description of the preparation activities in which you engaged.

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### Knowledge Attestations

You must attest to the required knowledge below and list preparation activities in which you engaged. Scroll through each domain to review the individual knowledge statements and access the attestation. You must attest to each domain to be eligible.

#### Medications

- 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)

By checking this box, I attest that I have gained the knowledge of Medications listed above via a combination of work experience and the following preparation activities (describe activities below).

Describe your preparation activities for this knowledge area. ✕

*Please note: Only the first knowledge domain is provided as an example here.*

# Eligibility Determination

In addition to completing a PTCB-Recognized Education/Training Program or equivalent work experience, applicants must also provide full disclosure of all criminal and State Board of Pharmacy registration or licensure actions.

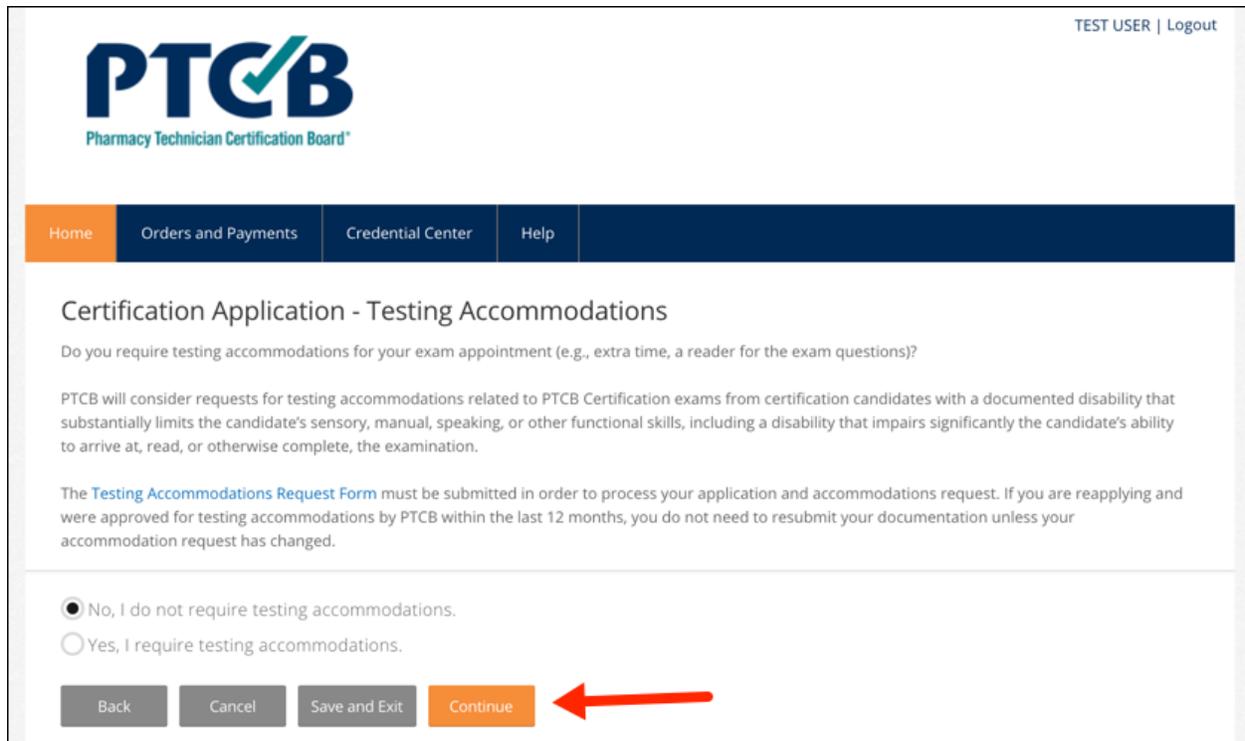
Select the response as it pertains to you.

The screenshot shows the PTCB website interface for the 'Certification Application - Eligibility Determination' page. At the top right, it says 'TEST USER | Logout'. The PTCB logo is on the left. A navigation bar contains 'Home', 'Orders and Payments', 'Credential Center', and 'Help'. The main heading is 'Certification Application - Eligibility Determination'. There are two radio button options: 'No, I have not been, nor am I currently, the subject of any: charge, complaint, or conviction related to a criminal matter; or, investigation or discipline by a government agency or other authority such as a State Board of Pharmacy, a professional association, or a credentialing organization.' and 'Yes, I was, or am currently, the subject of a: charge, complaint, or conviction related to a criminal matter; or, investigation or discipline by a government agency or other authority such as a State Board of Pharmacy, a professional association, or a credentialing organization. I will provide a complete, detailed explanation of the circumstances related to this response and copies of all final dispositions or resolutions related to these matters. I understand and agree that my failure to include the required explanation and documentation may delay the processing of my Application, or result in the rejection of my Application.' Below the options are four buttons: 'Back', 'Cancel', 'Save and Exit', and 'Continue'. A red arrow points to the 'Continue' button. The footer contains the PTCB address, a SecureTrust logo with 'CLICK TO VALIDATE', and contact information for Cobalt.

Click Continue.

# Special Accommodations

Select if you need special accommodations for your testing appointment. (This is uncommon.)



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### Certification Application - Testing Accommodations

Do you require testing accommodations for your exam appointment (e.g., extra time, a reader for the exam questions)?

PTCB will consider requests for testing accommodations related to PTCB Certification exams from certification 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.

The [Testing Accommodations Request Form](#) must be submitted in order to process your application and accommodations request. If you are reapplying and were approved for testing accommodations by PTCB within the last 12 months, you do not need to resubmit your documentation unless your accommodation request has changed.

No, I do not require testing accommodations.  
 Yes, I require testing accommodations.

Back Cancel Save and Exit Continue

Click Continue.

# Electronic Signature

Enter your name to electronically sign your application.

TEST USER | Logout

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### Certification Application - Electronic Signature

Please type your name below. By signing this application, you affirm that the information entered is accurate, current, complete, and truthful.

Electronic Signature

Test User

Back Cancel Save and Exit **Continue**

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CLICK TO VALIDATE

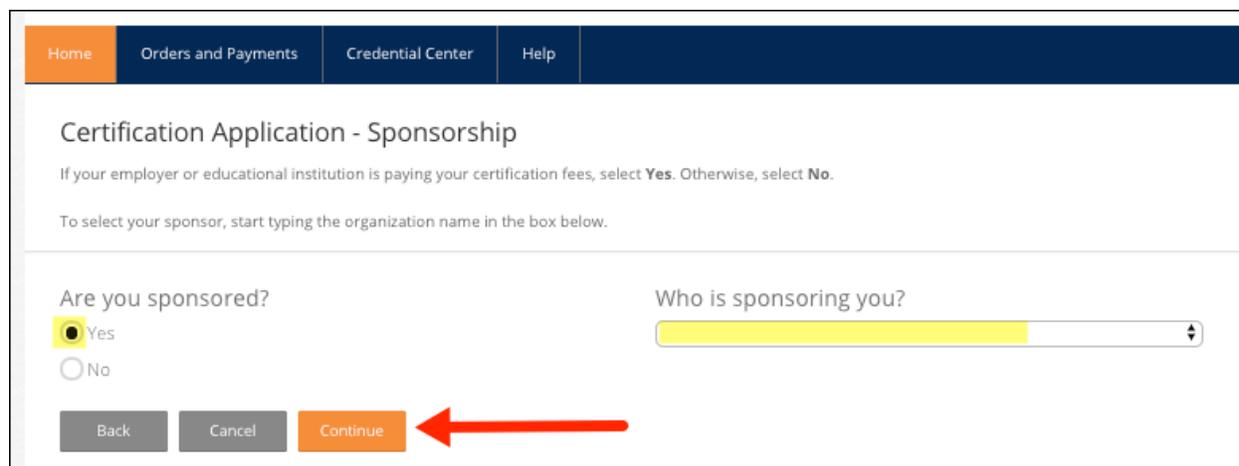
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Click Continue.

## Sponsorship

If you are sponsored, select “Yes” that you are sponsored and select from the dropdown menu which organization is paying your certification fee.

You will then be asked to enter identifying information (i.e. student/employee ID or voucher number). Enter what is provided to you from the organization that is paying your certification exam application fee. If you have questions regarding your sponsorship eligibility, please contact the organization that is paying for your exam application fee.



The screenshot shows a web interface for a certification application. At the top, there is a navigation bar with links for Home, Orders and Payments, Credential Center, and Help. The main heading is "Certification Application - Sponsorship". Below the heading, there is a instruction: "If your employer or educational institution is paying your certification fees, select Yes. Otherwise, select No." and a prompt: "To select your sponsor, start typing the organization name in the box below." The form contains two sections: "Are you sponsored?" with radio buttons for "Yes" (selected) and "No"; and "Who is sponsoring you?" with a dropdown menu. At the bottom, there are three buttons: "Back", "Cancel", and "Continue". A red arrow points to the "Continue" button.

*Please note: Only vouchers for the PTCE will work in this section. If you received a voucher for the Practice Exam, you will redeem that voucher within the Practice Exam application (page 4.)*

Click Continue.

## Agreement

Check that you agree to the terms.

TEST USER | Logout

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### Certification Application - Sponsor Terms and Conditions

Please carefully review the sponsorship terms and conditions below. You must agree in order for your fees to be paid by your sponsor.

- I acknowledge that I will not be able to complete the PTCB Certification process unless my application fees are approved by my Sponsor or paid by me.
- I acknowledge that my Sponsor's terms and conditions are separate from my terms and conditions of PTCB Certification.
- In the event that my certification application fees are paid by a Sponsor, I acknowledge the Sponsor will have access to certain information about my sponsorship status, exam status and certification application status including, but not limited to, my exam date and my exam status (pass, fail, no show, etc.).

I agree to the terms and conditions above.

Back Cancel Continue

Click Continue.

## Application Review and Submit

The final step of the application is to review all of your information as it was entered on the application. At this point you can go to each section and make edits if needed. An application cannot be edited once it is submitted.

## Exam Appointment

Once your application is submitted, you will receive an email from PTCB with the authorization to schedule your exam. You will also receive an email from Pearson with information on how to create your web account on their site so you can properly schedule your exam. An example authorization letter is included on the following page.

# Authorization to Schedule

## Pharmacy Technician Certification Exam Authorization To Schedule

PTCB Account ID: 1234567

Authorization

CANDIDATE NAME

CANDIDATE STREET ADDRESS

CANDIDATE CITY, STATE, ZIP

CANDIDATE FIRST NAME,

Congratulations! Your application to sit for the Pharmacy Technician Certification Exam (PTCE) has been approved and you are now authorized to schedule your exam.

You have 90 days to schedule and take the exam. If your authorization period expires before you take the exam, you will forfeit all fees and must reapply to take the exam.

**Authorization Begin Date: November 24, 2019**

**Authorization End Date: February 22, 2020**

If this is your first time taking the PTCE, Pearson VUE automatically creates a web account for you to schedule or change appointments on their website. You should have received an email from Pearson VUE with web account login information. You can also look up your Pearson VUE web account information [here](#).

Schedule your exam appointments with Pearson VUE online anytime by visiting [pearsonvue.com/ptcb](https://pearsonvue.com/ptcb). You may also call (866) 902-0593 between 7:00 AM to 7:00 PM Central Time, Monday through Friday, to schedule an appointment. Once scheduled, you will receive a confirmation email from Pearson VUE. **It is your responsibility to ensure the time, date, and location listed on the confirmation email you will receive after scheduling your exam appointment accurately reflects your selection.**

At the test center, you are required to present one form of valid, unexpired, government-issued ID with a photograph and signature. The first and last name on your ID must match exactly as it appears above or you will not be permitted to test. If the primary form of ID does not include a signature, candidates must present a valid, unexpired, secondary ID that contains the candidate's first and last name and includes a signature.

### **Important Information**

- If you have any questions regarding scheduling your exam appointment, please contact Pearson VUE using the information listed above.
- Candidates who are unable to test within the 90-day authorization period, or simply wish to withdraw, may do so from within their PTCB Account. Candidates with scheduled exam appointments must first cancel their appointment with Pearson VUE. Candidates who withdraw will receive a refund, less an administrative fee. If your authorization period expires before you take the exam, you will forfeit all fees and must reapply to take the exam.