

3. Was your misconduct pharmacy-related?

☐ Yes

☐ No

4. What offense were you charged with, and what was the final decision from the government agency, State Board of Pharmacy, credentialing organization, or professional association that investigated the offense?

5. Have you fulfilled all conditions required by the court, government agency, State Board of Pharmacy, credentialing organization, or professional association that investigated the offense? _____

6. Has there been any further disciplinary action issued against you by a state, employer, and/or Board of Pharmacy? If yes, please explain and provide documentation.

7. Is PTCB certification required in your state?

☐ Yes

☐ No

8. Are you currently registered or licensed with a State Board of Pharmacy?

☐ Yes

☐ No

a. State registration and/or licensure information, if applicable.

1. State issued: _____

2. License number: _____

3. Status: _____

4. Expiration Date: _____

9. Do you need to have an active PTCB certification in order to work?

☐ Yes

☐ No

10. Provide an explanation of the reasons that you believe the Reapplication Petition should be granted, including the reasons why you should now be eligible for a PTCB certification.

11. Provide accurate and complete copies of any documents or other materials that support your Petition.

Submission Instructions
Submit your Reapplication Petition Form, along with supporting documentation, by emailing it to contact@ptcb.org . Within 120 days of submitting a complete Reapplication Petition to PTCB, the Certification Council will review the Petition and determine the final decision.