

Reapplication Petition Form

-irst Name:	Last Name:
PTCB Account	t ID: Email Address:
Street Address	S: City, State, Zip:
a final Revoca	Individuals may submit a Reapplication Petition no earlier than five (5) years* afte tion Decision and Order is issued. Please complete and submit the following PTCB for review.
	t, PTCB may shorten the minimum five (5) year revocation period if there is a stification for earlier consideration of a Reapplication Petition.
1. The co and Or	nduct review case name, case number, and the date of the final PTCB Decision der.
a.	Conduct Review Case Name and Number:
	Date of Final PTCB Decision and Order:
	ive (5) years passed since the final Revocation Decision and Order was issued?
	Yes No - Please provide a reasonable justification for earlier consideration of a Reapplication Petition.

Ο.	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.