

ExCPT Recertification Application

**THE FOLLOWING QUESTIONS MUST BE ANSWERED
FAILURE TO DO SO WILL RESULT IN REJECTION OF THIS APPLICATION**

- 1 Have you ever been charged in any felony or have you been adjudicated guilty or entered a plea of guilty or *nolo contendere* in any felony? NO YES
- 2 Has your pharmacy technician registration, licensure or certification been subject to disciplinary action by any state board of pharmacy? NO YES
- 3 Have you participated in at least 20 hours of continuing education during the recertification period (one hour of pharmacy law required), and will you be able to supply copies of certificates of participation upon request? NO YES

I hereby attest that the foregoing statements, as well as any other statements submitted as a part of this ExCPT recertification process are true and correct to the best of my knowledge and that I have fulfilled the necessary continuing education requirements for renewing my certification.

Signature _____ **Date** _____

Mail to: ExCPT Recertification, 7500 West 160th Street, Stilwell, KS 66085 or Fax to:913-662-6291