

# ExCPT Recertification Application

\*\*\* PLEASE TYPE OR PRINT LEGIBLY

Name: \_\_\_\_\_  
First MI Last Suffix (Sr, Jr, etc.)

\*\*\*Spell your name exactly as you would like to see it on your certificate

Previous Names Used: \_\_\_\_\_  
Name changes require appropriate documentation (copy of: marriage certificate, divorce decree)

Check box if this address is less than 2 years old

Address: \_\_\_\_\_  
Street City State Zip code

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax #: \_\_\_\_\_

ExCPT Certification Number: \_\_\_\_\_

ExCPT Original Certification Date: \_\_\_\_\_  
(Date passed exam) Month/Year

U.S. Social Security Number: \_\_\_\_\_

## ExCPT Recertification Survey • All responses are confidential

# 1 Please indicate the work environments in which you have experience. (Circle all that apply)

- |                                   |                              |                                      |
|-----------------------------------|------------------------------|--------------------------------------|
| A. Independent Community Pharmacy | E. Home Health Care Pharmacy | I. Educational / Vocational Training |
| B. Chain Community Pharmacy       | F. Military                  | J. Pharmaceutical Industry           |
| C. Hospital Pharmacy              | G. Pharmacy Benefit Manager  | K. Other: _____                      |
| D. Long-Term Care Pharmacy        | H. Mail Service Pharmacy     |                                      |

# 2 Does your current employer recognize Certified Pharmacy Technicians with higher pay rates?

- A. Yes      B. No      C. I don't know

# 3 Who is your current employer?

\_\_\_\_\_  
(Name) (City and State)

# 4 Which answer(s) best describes your main reason(s) for becoming certified? (Circle all that apply)

- |                                    |                           |  |
|------------------------------------|---------------------------|--|
| A. Increase in income              | D. Increased job security | G. Increased acceptance by pharmacists |
| B. Improved opportunities for jobs | E. Improved self-esteem   | H. Other: _____                        |
| C. Improved competence             | F. Increased job duties   |  |

# 5 Which of the following occurred to you as a result of becoming a certified pharmacy technician? (Circle all that apply)

- |                         |                                    |                                      |
|-------------------------|------------------------------------|--------------------------------------|
| A. Improved self esteem | D. Increased job duties            | F. Greater acceptance by pharmacists |
| B. Improved competence  | E. Increased job security          | G. Other: _____                      |
| C. Increase in income   | F. Improved opportunities for jobs |                                      |

# ExCPT Recertification Application

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

- 1 Within the last four years have you 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 a board of pharmacy in any state during the last four years?  NO  YES
- 3 Have you participated in at least 20 hours of continuing education during the recertification period 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 \_\_\_\_\_

**ExCPT Recertification Fee: \$50.00** (save \$10 if filed online at [www.nationaltechexam.org](http://www.nationaltechexam.org))

Payment may be made by (1) check or (2) credit card (select one):

Check: Please make check payable to "ICPT"

Credit card:  Master Card  Visa  Discover  American Express

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_

Visa, Master Card and Discover: last 3 digits on back of card

American Express: last 4 digits on front of card

Print name as it appears on card: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Please mail Recertification Application with payment to: ICPT • 2536 S Old Hwy 94, Ste 224 • St. Charles, MO 63303 • Fax: 1-866-203-9213