



Washington State Department of
Health

Pharmacy Technician Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Affidavit of An Out of State Formal Academic Pharmacy Technician Education and Training Program

This form is used to report education and training received outside of **Washington State**. It may not be used to report education and training received in Washington State.

The Affidavit of An Out of State Formal Academic Education and Training Program form must be accompanied by official transcripts showing a diploma earned and extern hours completed for pharmacy technician. The form must be completed by an official representative of the formal education program. Any sections left blank will result in an incomplete or deficient application.

Official Representative or Registrar's Attestation

I declare under penalty of perjury under the laws of the state of Washington the following is true and correct:

I am the person that oversees the pharmacy technician training program.

- I personally supervised or have knowledge of the applicant's successful completion of a program of education and training for pharmacy technician in the pharmacy identified below and licensed by the state of _____.
- I attest that the training program completed by the applicant included a total of _____ hours of classroom instruction.
- I attest that the training program completed by the applicant included a total of _____ hours of experiential/practical training.
- I attest that the technician training program included at a minimum the following topics of instructions and practical training:

- Legal aspects of pharmacy practice such as law and rules governing practice.
- Hygiene/aseptic techniques and safety considerations.
- Terminology, abbreviations and symbols.
- Components of a prescription and patient medication record.
- Drug dosage forms, routes of administration and drug product packaging, weighing and measuring, packaging and labeling, drug nomenclature, drug standards and information sources.
- Pharmaceutical calculations.
- Identification of drugs by trade and generic names, and therapeutic classifications.
- Ordering, restocking, and maintaining drug inventory.
- Computer applications in the pharmacy.
- Communication techniques and confidentiality of information.

I attest that the program of instructional and supervised practical training is outlined in the attached written plan that shall be available to the Pharmacy Quality Assurance Commission upon request.

Applicant's Name:	
Dates of instructional and supervised practical training as a pharmacy technician:	
Start Date:	Completion Date:
Is this pharmacy technician training program credentialed or approved by the Pharmacy Quality Assurance Commission? <input type="checkbox"/> No <input type="checkbox"/> Yes Credential/Approval number _____ (enter n/a if this does not apply)	
Name of School:	
Address of School:	
Official Program Representative (print name):	Official Program Representative (print title):
Official Program Representative Email Address:	Telephone Number:
Signature of Official Program Representative:	Date (mm/dd/yyyy):