

Georgia Board of Pharmacy

2 MLK Jr. Drive, SE, 11th Floor

East Tower

Atlanta, GA 30334

(404) 651-8000

www.gbp.georgia.gov

PHARMACY TECHNICIAN APPLICATION SUPPLEMENT

THIS IS NOT AN APPLICATION. DO NOT SUBMIT THIS SUPPLEMENT UNTIL YOU HAVE SUBMITTED YOUR APPLICATION ONLINE.

In accordance with O.C.G.A. §26-4-28, the Georgia Board of Pharmacy has adopted Rule 480-15-.02, which requires that pharmacy technicians register with the Georgia Board of Pharmacy.

Please read the instructions carefully and be familiar with the laws and rules governing pharmacy technicians in the State of Georgia. Visit our website for information: www.gbp.georgia.gov.

Applications are valid for one year. Incomplete applications will become void after one year. Information cannot be transferred between applications. Pharmacy technicians who have already submitted their applications online must submit the information included in this application packet to complete their applications.

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application after you have submitted your online application.

AFFIDAVIT OF APPLICATION INFORMATION: You must swear or affirm that all of the information submitted with your application is true and correct to the best of your knowledge.

CITIZENSHIP/QUALIFIED ALIEN STATUS: In accordance with O.C.G.A. §50-36-1, you must submit an affidavit regarding citizenship and a copy of a secure and verifiable document that appropriately reflects your citizenship status.

GAPS FINGERPRINT BACKGROUND CHECK: You are required to obtain a criminal background check through Fieldprint. Your application fee does *not* include the charge for this service. See the instructions on page 7.

ADDITIONAL EMPLOYMENT FORM: You are only required to submit this form if you are employed at more than one pharmacy.

You must submit your supplemental application packet to **2 MLK Jr. Dr, SE, 11th Floor, Atlanta GA 30334** by U.S. mail. You must use a 9x12 or larger envelope and should not fold or staple the pages. **DO NOT email or fax notarized documents.** Questions? Please call (404) 651-8000 at your convenience.

When a registration is approved, the registrant can print a pocket license card, free of charge, through the Georgia Board of Pharmacy website: www.gbp.georgia.gov.

DO NOT SUBMIT THIS SUPPLEMENT PACKET UNTIL YOU HAVE COMPLETED YOUR ONLINE APPLICATION AND PAID THE FEE ELECTRONICALLY.

AFFIDAVIT OF APPLICATION INFORMATION:

I, being duly sworn upon oath, depose and say that the answers to the questions and statements made on my pharmacy technician registration application are true and correct to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a registration issued by the Georgia Board of Pharmacy.

I further state that I have read the current state laws and board rules and regulations of the Georgia Board of Pharmacy, governing the practice of pharmacy technicians in the State of Georgia. I swear or affirm that I understand these laws and rules. I agree to abide by these laws and rules. I also agree to abide by future laws and rules that may be established by the Georgia Board of Pharmacy. I understand that violation of the laws and rules governing pharmacy technicians may result in disciplinary action being taken against me which may include suspension or revocation of my registration as a pharmacy technician.

Signature of Applicant: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public: _____

(seal) My commission expires: _____

AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Pharmacy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and **affirm one of the following** to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the following pages of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your alien number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Pharmacy and/or criminal prosecution.

Signature of Applicant Date

Print Applicant’s Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this

(Applicant’s Name)

application for a pharmacy technician registration in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

_____ County State

My Commission Expires _____

(seal)

If you are age 17, please strike through 18 and include with your application. However, you will be required to submit a complete and notarized form after reaching 18 years of age.

NAME: _____

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A **COPY OF YOUR APPROPRIATE DOCUMENTATION. ONLY ONE DOCUMENT REQUIRED, **DO NOT SEND YOUR ORIGINAL.****

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued February 20, 2018, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(g). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]¹
- An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

¹ For identification presented to poll workers when voting, a registered Georgia voter may present an expired Georgia driver’s license as proof of identification when voting pursuant to O.C.G.A. § 21-2-417.

- An unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be accessed at: <https://www.bia.gov/tribal-leaders-directory> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law² [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- An unexpired driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

² Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security (“DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law.

- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- When applying for any public benefit with the Department of Driver Services, an applicant may submit either an expired or unexpired document that is listed above as a secure and verifiable document. [O.C.G.A. §§ 50-36-1(g) & 50-36-2(b)(3)]
- When applying for a voter identification card pursuant to O.C.G.A. § 21-2-417.1, an individual may submit the aggregate forms of identification authorized by O.C.G.A. § 21-2-417.1(e).
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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INSTRUCTIONS FOR APPLICANTS TO OBTAIN FINGERPRINT FOR A BACKGROUND CHECK

The Georgia State Board of Pharmacy requires a fingerprint background check on all applicants. The Georgia Bureau of Investigation (GBI) awarded Fieldprint the contract to provide a service for electronic submission of fingerprints for Georgia applicants. The service, Fieldprint, decreases the need for submitting hard-copy fingerprint cards to obtain an applicant's criminal history background check. Fieldprint print sites are strategically located throughout the State of Georgia.

The criminal history results will be available to the Georgia State Board of Pharmacy after the applicant has been fingerprinted, and the prints are received by the GBI, Georgia Crime Information Center (GCIC).

The Fieldprint fingerprint background check process is simple and easy to use. Please visit <https://www.fieldprintgeorgia.com/> and view the demo and guide for fingerprint instructions.

Please see the following for information on the new system:

- [Video Demo on Registration Process](#)
- [Fieldprint User Guide](#)

Important information needed for fingerprint registration:

1. On the registrations options page select **Georgia State-Only Background Checks**.
NOTE: DO NOT SELECT "DEPARTMENT OF COMMUNITY HEALTH (DCH)
Errors in fingerprint results due to improper registration are the responsibility of the users.
2. Enter **GAP236151** in the "Reviewing Agency" field
3. For Reason, select: **GA Check Only**

If assistance is required, contact Fieldprint at 1-888-472-8918

**Out of State Applicants should review the demo and user guides.
DO NOT mail fingerprint cards to the Georgia Board of Pharmacy.**

Pharmacy Technician Registration

Additional Employment Form

If you are employed as a pharmacy technician at more than one pharmacy, please submit this page. You should have already listed one employer on page 3 of the application; do not list the same employer on this page.

Name of Applicant: _____

Name and license number of additional pharmacy where you are employed:

Name and license number of additional pharmacy where you are employed:
