GEORGIA BOARD OF PHARMACY
2 Peachtree Street, N.W.
36th Floor
Atlanta, Georgia 30303

PHARMACY TECHNICIAN APPLICATION SUPPLEMENT

THIS IS NOT AN APPLICATION. THIS IS A SUPPLEMENT. 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 reflect your citizenship status.

- **GAPS FINGERPRINT BACKGROUND CHECK:** You are required to obtain a criminal background check through GAPS/Cogent. You application fee does ***not*** include the charge for this service. See the instructions on page 6.

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

You may submit your supplemental application packet by mail or by fax. If you submit this information by mail, you must use a 9x12 or larger envelope and should not fold or staple the pages. If you submit the information by fax, please send the information to (770) 344-5727.

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.

Questions? Please call (404) 651-8000 at your convenience.

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 license by examination for Pharmacy 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)

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

_____

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") 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(f). 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.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A 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]

_____An 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]

_____A 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 found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A 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]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A 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]

_____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]

_____A 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]

_____A 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]

_____A 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]

_____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. § secure and 50-36-2(c)]

GEORGIA BOARD OF PHARMACY

Instructions for Pharmacy Technician Applicants in the State of Georgia to Obtain Fingerprint for a Background Check

The Georgia Board of Pharmacy requires a fingerprint background check on all applicants. The Georgia Bureau of Investigation (GBI) awarded Cogent Systems the contract to provide a service for electronic submission of fingerprints for Georgia applicants. The service, Georgia Applicant Processing Service (**GAPS),** decreases the need for submitting hard copy fingerprint cards to obtain an applicant's criminal history background check. GAPS Print Sites are strategically located throughout the State of Georgia.

The criminal history results will be available to the Georgia Board of Pharmacy within 48 hours after the applicant has been fingerprinted and the prints are received by GBI, Georgia Crime Information Center (GCIC).

The GAPS fingerprint background check process is simple and easy to use. Follow the instructions below.
If assistance is required you may contact the Cogent Systems/GAPS at 1-866-500-2347.

GAPS REGISTRATION PROCESS

1. Visit the GAPS website at **www.cogentid.com**

2. Select **Georgia/GAPS**
   Locate the on Registration menu and choose **Single Applicant Registrations**
   (All of the fields that are in yellow and have an **asterisk (*)** must be completed)

3. Near the end of the Registration screen you will see a heading entitled **Transaction Information.** In this area you must:
   a) Click on the drop box next to **Reason** and select the reason the applicant is being fingerprinted - **GA Check Only.**

   b) Click on the drop box next to **Payment** and select the appropriate payment option. If credit card is selected you will be prompted to enter additional information so please have credit card information available during the registration process. If the applicant is paying with a money order, the applicant must provide the money order, payable to **Cogent Systems – GAPS,** at the GAPS Print Location before being fingerprinted.

   c) Enter **GAP236151** in the **ORI/OAC** field.

   d) Enter **green24** in the **Verification** field.

   Do Not check the box for '**Does another agency make the fitness determination'**

   e) Click **Next** at the bottom of the page and you will be taken to another screen. If all of the information displayed is correct, click **Next** and you will be given a **Registration ID** number. The **Registration ID** number **will be needed** by the applicant when they go to the GAPS Print Location to get their **fingerprints taken**.

D – Identification Needed for Fingerprinting

Click on the **Identification Needed for Fingerprinting** link located under the **PRINT LOCATIONS** tab on the GAPS main web page. In addition to the **Registration ID** number the applicant will also be asked to present **identification documents** prior to be fingerprinted. This link provides a list of acceptable identification documents.

E – Print Locations & Hours

Once you have completed the registration process, click on **Print Location & Hours** on the GAPS main web page to find the nearest GAPS Print Location to go to for fingerprinting. Click the region that is most convenient for you. The numbers in the red circles indicate sites that have GAPS Print Locations available. Under **Company**, select the site that is most convenient for the applicant to go to for fingerprinting. If you click on the link for a site, information concerning the site such as Location, Hours of Operation, Directions, etc. will be displayed. Prior to traveling to the Print Location, **the applicant should verify that the site is still a GAPS Print Location and that the hours of operation are accurate.**

NOTE: If a site is no longer providing fingerprint services, please send an email to **GAApplicant@gbi.ga.gov** and provide the Print Location's name, address and phone number if available and the date the applicant was told the location is no longer providing the service.

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:

_____