



MAINE BOARD OF PHARMACY

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

Pharmacy Technician

Applicable only to the following persons employed by an Opioid Treatment Program and who hold a valid license issued by the State Board of Nursing

**Advanced practice registered nurse
Registered professional nurse
Licensed practical nurse**

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Note: The office location address may be used for overnight deliveries only. The office address does not accept any type of postal deliveries. You must use the mailing address for all other regular mail deliveries.

Office Direct Line: (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8666

Web address: www.maine.gov/professionallicensing
Email: pharmacy.lic@maine.gov

FAQ's

Have a question? Please visit our list of Frequently Asked Questions

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address 35 State House Station, Augusta, ME 04333.

APPLICATION INSTRUCTIONS

**TO EXPEDITE please complete and email your application to pharmacy.lic@maine.gov
Faxed submissions of applications will not be accepted**

Board and Related Laws and Rules. Laws and rules are available online at our website. Following is a suggested list of laws and regulations for you to read and become familiar with. This list may not be inclusive, for more detailed information visit our website at www.maine.gov/professionallicensing

- Maine Pharmacy law 32 MRS, Chapter 117
- Maine Board of Pharmacy rules 02 392 Chapters 1-38
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation law 10 MRS. §8001-8003 et al.
- Maine Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation rules 02 041 Chapters 10, 11, and 13

Documents that have been modified or altered (including the use of any whiteout substance) in any way will not be accepted.

PROCESSING TIME:

- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE. If incomplete and a letter is being sent to you, the letter will be available for you to see online.
- ✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

LICENSE RENEWAL

- ✓ The Pharmacy Technician License is subject to be renewed annually on or before the expiration date of December 31. You must certify your employment at time of renewal.

VERIFICATION OF LICENSURE

**** A copy of your license is not considered a license verification ****

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

IMPORTANT: Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

CONTACT ADDRESS

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL (**Your license will be emailed**)

BACKGROUND CHECK NOTICE: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

Maine Board of Pharmacy
Pharmacy Technician

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Opioid Treatment Program and who hold a valid
license issued by the State Board of Nursing*

**Advanced practice registered nurse
Registered professional nurse
Licensed practical nurse**

**NO FEE
REQUIRED**

Office Use Only:
PT (Applicable to Nurses Only)
No Fee

Office Use Only:
Lic. # _____

SECTION 1: LICENSE TYPE—MUST BE A LICENSE ISSUED BY THE STATE BOARD OF NURSING

CHECK THE LICENSE THAT APPLIES AND COMPLETE THE INFORMATION REQUESTED.

Check LIC Applicable	License Type	Complete License Number	Expiration Date	Was Discipline Ever Imposed—Answer (Yes or No)
<input type="checkbox"/>	Advanced practice registered nurse			
<input type="checkbox"/>	Registered professional nurse			
<input type="checkbox"/>	Licensed practical nurse			

SECTION 2: LICENSE VERIFICATION— IF YOU DO NOT HOLD OR HAVE NOT HELD A

PROFESSIONAL LICENSE IN ANOTHER STATE OR JURISDICTION, PLEASE CHECK HERE

Otherwise, provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State’s or Jurisdiction’s primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

DISCIPLINE: If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure



State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed Answer (Yes or No)
1.					
2.					
3					

Check appropriate response to the question below.

<p>Have you ever received a sanction from Medicare or from a state Medicaid program? If yes, see below</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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SECTION 3: EMPLOYMENT - THIS SECTION TO BE COMPLETED BY ALL APPLICANTS

Please list all Maine Opiate Treatment Program locations where you are currently or will be employed as a pharmacy technician. Use a separate sheet of paper if additional space is needed.

1. Name (Primary place of employment)		OTP Lic#	
Address	City	State	Zip
Pharmacist in Charge		Pharmacist Lic. No.	
Signature of Pharmacist in Charge			
			
2. Name (Primary place of employment)		OTP Lic#	
Address	City	State	Zip
Pharmacist in Charge		Pharmacist Lic. No.	
Signature of Pharmacist in Charge			
			

SECTION 4: NOTICES PLEASE NOTE—10 DAY NOTIFICATION REQUIREMENT

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>


Incomplete Applications

Pursuant to Board Rules Chapter 7 Section 1 (1) all applications that remain incomplete for more than 60 days will be discarded and the pending status of your application will be terminated.

SECTION 5: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Pharmacy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	
Signature of Applicant	Date
	

Applications that are incomplete, altered (including the use of any whiteout substance), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature/initials, illegible information missing supporting documents, and/or missing or wrong fee.

Before mailing, double check that you have done the following:

- Application is complete including all signatures
- Verification of licenses are attached for each state/jurisdiction you identified (if applicable)
- Copy of the adverse licensing disciplinary action(s) taken by another state or jurisdiction (if applicable)
- We encourage you to visit our website to access the Laws and Rules related to pharmacy: <http://www.maine.gov/pfr/professionallicensing/professions/pharmacy/laws.htm>