

Affidavit of An Out of State On-the-Job Pharmacy Technician Education and Training

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 or outside of the United States.

Note: The affidavit of An Out of State On the Job Education and Training Program form must be accompanied by the program course outline. The form must be completed by the supervising pharmacist. Any sections left blank or omission of course outline will result in an incomplete or deficient application.

Supervising Pharmacist's Attestation

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

- Attached is a true and accurate course outline of the training received by the applicant identified below.
- 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 instruction including didactic and practical training.
- I attest that the technician training program included at a minimum the following topics of instruction 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 a written plan that shall be available to the Pharmacy Quality Assurance Commission upon request.

Applicant's Name:	
Dates in which instructional and supervised practical training was received:	
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)	
Pharmacy Name:	State License Number:
Address of Pharmacy:	Phone Number:
Supervising Pharmacist's Name (print):	Supervising Pharmacist's License Number(s):
Supervising Pharmacist's Signature:	Date (mm/dd/yyyy):