



# EXCPT Recertification Application

**THE FOLLOWING QUESTIONS MUST BE ANSWERED  
FAILURE TO DO SO WILL RESULT IN REJECTION OF THIS APPLICATION**



- 1 Have you ever been charged in any felony or have you been adjudicated guilty or entered a plea of guilty or *nolo contendere* in any felony?  NO  YES
- 2 Has your pharmacy technician registration, licensure or certification been subject to disciplinary action by any state board of pharmacy?  NO  YES
- 3 Have you participated in at least 20 hours of continuing education during the recertification period (one hour of pharmacy law required), and will you be able to supply copies of certificates of participation upon request?  NO  YES

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ExCPT Recertification Fee: \$50.00** (save \$10 if filed online at [www.nationaltechexam.org](http://www.nationaltechexam.org))

Payment may be made by (1) check or (2) credit card (select one):

Check: Please make check payable to "ICPT"

Credit card:  Master Card  Visa  Discover  American Express

Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Security Code: \_\_\_\_\_

Visa, Master Card and Discover: last 3 digits on back of card

American Express: last 4 digits on front of card

Print name as it appears on card: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Mail to: ExCPT Recertification, 7500 West 160th Street, Stilwell, KS 66085 or Fax to: 913-661-6214