ExCPT Recertification Application

*** PLEASE TYPE OR PRINT LEGIBLY

Institute for the Certification of Pharmacy Technicians ICPT

Name: _____ ____ _____ .
First MI Last Suffix (Sr, Jr, etc.)

***Spell your name exactly as you would like to see it on your certificate

Previous Names Used: _____
Name changes require appropriate documentation (copy of: marriage certificate, divorce decree)

☐ ***Check box if this is a new address***

Address: _____
Street City State Zip code

Home Phone: _____ **Work Phone:** _____

E-mail: _____ **Fax #:** _____

ExCPT Certification Number: _____ **ExCPT Original Certification Date:** _____
(Date passed exam) *Month/Year*

U.S. Social Security Number: _____

ExCPT Recertification Survey • All responses are confidential

 # 1 *Please indicate the work environments in which you have experience.* *(Circle all that apply)*

A. Independent Community Pharmacy
B. Chain Community Pharmacy
C. Hospital Pharmacy
D. Long-Term Care Pharmacy
E. Home Health Care Pharmacy
F. Military
G. Pharmacy Benefit Manager
H. Mail Service Pharmacy
I. Educational / Vocational Training
J. Pharmaceutical Industry
K. Other: _____

 # 2 *Does your current employer recognize Certified Pharmacy Technicians with higher pay rates?*

A. Yes **B.** No **C.** I don't know

 # 3 *Who is your current employer?*

_____ _____
(Name) (City and State)

 # 4 *Which answer(s) best describes your main reason(s) for becoming certified?* *(Circle all that apply)*

A. Increase in income
B. Improved opportunities for jobs
C. Improved competence
D. Increased job security
E. Improved self-esteem
F. Increased job duties
G. Increased acceptance by pharmacists
H. Other: _____

 # 5 *Which of the following occurred to you as a result of becoming a certified pharmacy technician?* *(Circle all that apply)*

A. Improved self esteem
B. Improved competence
C. Increase in income
D. Increased job duties
E. Increased job security
F. Improved opportunities for jobs
F. Greater acceptance by pharmacists
G. Other: _____

(Over)

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

1 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: $40.00

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

☐ Check: Please make check payable to "NHA"

☐ 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, 11161 Overbrook Road, Leawood, KS 66211 or Fax to: 913-661-6214