

The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health Bureau of Health Professions Licensure 250 Washington Street, Boston, MA 02108-4619

> Tel: 617-973-0800 TTY : 617-973-0988 www.mass.gov/dph/boards

# **Board of Registration in Pharmacy**

### Policy 2020-04: Board-Approved Pharmacy Technician Licensing Examinations and Pharmacy Technician Training Programs

This policy outlines the process and requirements to have pharmacy technician licensing examinations and pharmacy technician training programs approved by the Massachusetts Board of Registration in Pharmacy ("Board") in accordance with Board regulation 247 CMR 8.02.

# I. Board Approval of Pharmacy Technician Licensing Examinations and Pharmacy Technician Training Programs

- 1. Board approval is granted to the following national pharmacy certification examinations:
  - a. Pharmacy Technician Training Board ("PTCB")
  - b. Exam for the Certification of Pharmacy Technicians ("ExCPT")
- 2. Board approval is granted to the following national pharmacy technician training programs:
  - a. Programs recognized by the Pharmacy Technician Training Board ("PTCB")
  - b. Programs accredited by American Society of Health-System Pharmacists ("ASHP")
- 3. In order to apply for Board approval for other pharmacy technician licensing examinations and / or training programs, organizations must:
  - a. Attest to the Board that its licensing examination and / or training program comply with 247 CMR 8.00 and this policy (see attached);
  - b. If applying for both, submit separate attestation forms for the pharmacy technician licensing examination and training program;
  - c. Submit the syllabus, training materials, examinations with answers, and any other documentation regarding the pharmacy technician licensing

examination and / or training program upon request and at least once every five years; and

d. Since documentation is subject to review and random audit by the Board, documents must be maintained for least five years.

#### II. Pharmacy Technician Licensing Examination Specific Requirements

- 1. Examination is at least 50 questions, does not contain true / false questions, and must specify passing grade (must have at least 75% of correct answers)
- 2. The licensing examination documentation must include the answer key and denote which knowledge-based area each question is designed to test
- 3. The examination must, at a minimum, cover the following knowledge-based areas:

#### a. Pharmacology

#### 30% of exam

- i. Generic names, brand names, and classifications of medications
- ii. Therapeutic equivalence
- iii. Common and life-threatening drug interactions and contraindications (e.g., drug-disease, drug-drug, drug- food)
- iv. Strengths / dose, dosage forms, routes of administration, special handling and administration instructions, and duration of drug therapy
- v. Common and severe medication side effects, adverse effects, and allergies
- vi. Indications of medications and dietary supplements
- vii. Drug stability (e.g., oral suspensions, insulin, reconstitutables, injectables, vaccinations)
- viii. Narrow therapeutic index (NTI) medications
- ix. Physical and chemical incompatibilities related to non-sterile compounding and reconstitution
- x. Proper storage of medications (e.g., temperature ranges, light sensitivity, restricted access)

#### b. Pharmacy Laws and Regulations 20% of exam

- i. Handling and disposal of non-hazardous, hazardous, and pharmaceutical substances and waste
- ii. Requirements for filling prescriptions (e.g., new, refill, transfer, instate vs. out of state, drug schedules, elements of a prescription, eprescribing)
- iii. Receiving, storing, ordering, labeling, dispensing, reverse distribution, take-back programs, and loss or theft of medications

- iv. Restricted drug programs and related medication processing (e.g., pseudoephedrine, Risk Evaluation and Mitigation Strategies [REMS])
- v. Recall requirements (e.g., medications, devices, supplies, supplements, classifications)
- vi. HIPAA, patient confidentiality

## c. Patient Safety and Quality Assurance 20% of exam

- i. High-alert / high-risk medications and sound-alike / look-alike medications
- Error prevention strategies (e.g., prescription or medication delivery to correct patient, Tall Man lettering, separating inventory, leading / trailing zeros, bar code usage, limiting use of error-prone abbreviations)
- iii. Issues that require pharmacist intervention (e.g., drug utilization review [DUR], adverse drug event [ADE], OTC recommendation, therapeutic substitution, allergies, drug interactions)
- iv. Event reporting procedures (e.g., medication errors, adverse effects, and product integrity)
- v. Types of prescription errors (e.g., unusual doses, early refill, incorrect quantity, incorrect patient, incorrect drug)
- vi. Hygiene and cleaning standards (e.g., hand washing, personal protective equipment [PPE], cleaning counting trays)

# d. Order Entry and Processing

#### 30% of exam

- i. Procedures to compound non-sterile products (e.g., ointments, liquids)
- ii. Common calculations, ratios, proportions, conversions, Sig codes (e.g., b.i.d., t.i.d., Roman numerals), abbreviations, medical terminology, and symbols for days' supply, quantity, dose, concentration, dilutions
- iii. Equipment / supplies required for drug administration (e.g., package size, spacers, oral and injectable syringes)
- iv. Lot numbers, expiration dates, and National Drug Code ("NDC") numbers
- v. Procedures for identifying and returning medications and supplies (e.g., credit return, return to stock, reverse distribution)

# III. Pharmacy Technician Training Program Specific Requirements

- 1. Board-approved pharmacy technician training programs shall include a minimum of:
  - a. 120 training hours in theoretical instruction; and
  - b. 120 hours of practical instruction in the curriculum.
- 2. The training program shall include coverage of the topics of:
  - a. Job descriptions
  - b. Pharmacy security
  - c. Commonly used medical abbreviations
  - d. Data entry procedures; pitfalls for errors
  - e. Routes of administration
  - f. Product selection
  - g. Final check by pharmacists; and
  - h. Guidelines for permitted activities of pharmacy technicians.
- 3. The organization shall provide applicants with information about:
  - a. Qualifications to enroll;
  - b. The purpose of the training program;
  - c. Requirements for state licensure as a pharmacy technician trainee and, after passing an exam, a pharmacy technician;
  - d. Prospects for employment;
  - e. Realistic salary expectations or referral to local, state, or national statistics for salary expectations;
  - f. Total program cost; and,
  - g. The program's dismissal policies.
- 4. Instructor(s) of Pharmacy Technician Training Program shall be:
  - a. A Certified Pharmacy Technician who is licensed with the Board in good standing with a minimum of two years' experience in pharmacy practice; or
  - b. A pharmacist licensed with the Board in good standing with a minimum of two years' experience in pharmacy practice; or
  - c. A combination of instructors that are either pharmacists or Certified Pharmacy Technicians licensed with the Board in good standing with a minimum of two years' experience; or
  - d. An instructor with a masters or doctorate degree with a minimum of 5 years' experience in teaching college level pharmacy practice curriculum.
- 5. The curriculum must prepare students for practice as entry-level pharmacy technicians in a variety of contemporary settings (e.g., community, hospital,

home care, long-term care), and students must acquire knowledge, skills, and abilities needed for practice.

- 6. Program must clearly state that licensure with the Board is required after passing an approved national certification exam (ExCPT or PTCB).
- 7. Advertisements must specify goals to become a Certified Pharmacy Technician as well as requirements for Massachusetts licensure.
- 8. Post Program Preparation
  - a. The program director or designee must provide students with information and resources to prepare them for nationally recognized certification (ExCPT or PTCB) and state licensure.
  - b. A certificate of completion of the Board-approved program must be provided. In the event of unsuccessful completion of a national certification exam, the applicant may provide this proof of course completion in lieu of the 500 hour training requirement in order to obtain state licensure.



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# <u>Attestation of Compliance with Requirements for a Board-Approved</u> <u>Pharmacy Technician Licensing Examination</u>

Pharmacy Technician Licen	sing Examination A	Attestation
Organization Name		
MA License Number (if appli	cable)	
Address		
		Zip Code
Tel. No	Fax No	
Name of Submitter/Manager	of Record (MOR) (pr	rint)
MOR MA License Number (i	f applicable)	
Email		
		l emailed to: <u>Pharmacy.Admin@m</u>

I, \_\_\_\_\_ (name), of \_\_\_\_\_\_ (name of pharmacy / organization), do hereby attest that:

1) I have read and understand 247 CMR 8.00 and Policy 2020-04: Board-Approved Pharmacy Technician Licensing Examinations and Pharmacy Technician Training Programs; and

2) the Technician Licensing Examination complies with all standards set forth in Policy 2020-04 and 247 CMR 8.00.

Signed under the pains and penalties of perjury:

Signature

Date

Print Name and Title



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# Attestation of Compliance with Requirements for a Board-Approved Pharmacy Technician Training Program

Pharmacy Technician Tra	aining Program Attesta	tion	
Organization Name			
MA License Number (if ap	plicable)		
Address			
		Zip Code	
Tel. No	Fax No		
Name of Submitter/Manage	er of Record (MOR) (prin	nt)	
MOR MA License Number	(if applicable)		
Email			
		emailed to: <u>Pharmacy.Admin(</u>	<u>a)mass.gov</u>

I, \_\_\_\_\_ (name), of \_\_\_\_\_ (name of pharmacy /

organization), do hereby attest that:

1) I have read and understand 247 CMR 8.00 and Policy 2020-04: Board-Approved Pharmacy Technician Licensing Examinations and Pharmacy Technician Training Programs; and

2) the Technician Training Program complies with all standards set forth in Policy 2020-04 and 247 CMR 8.00.

Signed under the pains and penalties of perjury:

Signature

Date

Print Name and Title