The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
239 Causeway Street, Suite 500, Boston, MA 02114

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

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Commissioner

Massachusetts Board of Registration in Pharmacy

POLICY No. 2017-01: Guidance for Board-Approved Pharmacy Technician Training Programs and Examinations

I. Purpose

Policy No. 2017-01 provides guidance on Board-approved pharmacy technician training programs and pharmacy technician assessment examinations.

II. Regulatory Guidelines for Pharmacy Technician Training Programs and Pharmacy Technician Assessment Examinations

Board regulation 247 CMR 8.02 sets forth the requirements for pharmacy technician training programs and pharmacy technician assessment examinations.

III. Board Approval of Pharmacy Technician Training Programs and Pharmacy Technician Assessment Examinations

Going forward, the Board will approve pharmacy technician training programs and examinations in accordance with this policy and the attached attestation form.

In order to obtain Board approval of pharmacy technician training programs and examinations, an organization must:

1. Attest to the Board that its training programs and examinations comply with 247 CMR 8.00 and Policy No. 2017-01;
2. Submit syllabus, training materials, examinations with answers, and any other documentation regarding the pharmacy technician training program and/or examination upon request and at least once every five years; and
3. Maintain documentation pertaining to pharmacy technician training programs and/or examinations for at least five years.

Documentation may be subject to review and random audit by the Board.

IV. Specific Requirements for Pharmacy Technician Training Programs

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. Routes of administration
   e. Product selection
   f. Final check by pharmacists; and
   g. Guidelines for the use 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;
   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 a pharmacist or Certified Pharmacy Technician 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. Preparation:
   a. 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:
   a. Clearly state that licensure with the Board is required after passing an approved national certification exam (ExCPT or PTCB)

7. Advertisements must:
   a. 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 the national certification exam, the applicant may provide this proof of course completion in lieu of the 500 hour training requirement to obtain state licensure.

V. Specific Requirements for Pharmacy Technician Assessment Examination

1. Board-approved pharmacy technician examinations must cover the following knowledge based areas:
   a. Practice settings
   b. Duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel
   c. Laws and regulations regarding the practice of pharmacy
   d. Patient confidentiality
   e. Medical abbreviations and symbols
   f. Common dosage calculations
   g. Identification of drugs
   h. Dosages, routes of administration, and storage requirements.

2. The examination must be at least 50 questions, may not contain true/false questions, and must require at least 75% of correct answers to be considered a passing grade.

3. The examination must, at a minimum, cover the following knowledge based areas:
   a. Pharmacology for Technicians **15% of exam**
      1. Generic and brand names of pharmaceuticals
      2. Therapeutic equivalence
      3. Identification of drugs, dosages, routes of administration, and storage requirements
   b. Pharmacy Law and Regulations **13% of exam**
      1. Practice settings
      2. Storage, handling, and disposal of hazardous substances and waste
      3. Storage and handling of federally controlled substances

4. Formula to verify the validity of a prescriber's DEA number
5. Restricted drug programs and related prescription-processing requirements
6. Professional standards related to data integrity, security, and confidentiality
7. Requirement for consultation
8. Reconciliation of state and federal laws and regulations regarding the practice of pharmacy and patient confidentiality
9. Duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel

c. Medication Safety **13% of exam**

1. Error prevention strategies for data entry
2. Patient package insert and medication guide requirements
3. Identify issues that require pharmacist intervention
4. Look-alike/sound-alike medications, and high-alert/risk medications
5. Common safety strategies such as tall man lettering, separating inventory, leading and trailing zeros, common medical abbreviations and symbols

d. Medication Order Entry and Fill Process **18% of exam**

1. Order entry process
2. Intake, interpretations, and data entry
3. Calculate doses required
4. Fill process including appropriate product selection and application of special handling requirements
5. Labeling requirements
6. Packaging requirements
7. Dispensing process

e. Pharmacy Information System Usage and Application **12% of exam**

1. Pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders

f. Site Specific Information **29% of exam**

1. Topics may include (but are not limited to):
    - i. Sterile and non-sterile compounding
    - ii. Pharmacy inventory management
    - iii. Pharmacy Billing and Reimbursement
        - a. Third party resolution
        - b. Reimbursement policies and plans
        - c. Coordination of benefits

Appendix:
Examination Checklist and Attestation
Program Checklist and Attestation

Adopted: 3/2/17

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Attestation of Compliance with Requirements for Board Approved Pharmacy Technician Training Assessment Examinations Checklist

Initial each requirement and submit with Pharmacy Technician Training Examination Attestation form below for Pharmacy Technician Training Assessment Examination submissions:

- ☐ Examination covers practice settings, duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel, laws and regulations regarding the practice of pharmacy, patient confidentiality, medical abbreviations and symbols, common dosage calculations, identification of drugs, and dosages, routes of administration, and storage requirements

- ☐ Examination is at least 50 questions, does not contain true/false questions, and requires at least 75% of answers to be correct to be considered a passing grade

- ☐ 15% of the exam is pharmacology for technicians
  - i.e. Generic and brand names of pharmaceuticals, therapeutic equivalence, identification of drugs, dosages, routes of administration, and storage requirements

- ☐ 13% of the exam is pharmacy law and regulations
  - i.e. Practice settings, storage, handling, and disposal of hazardous substances and waste, store and handling of federally controlled substances, formula to verify the validity of a prescriber's DEA number, restricted drug programs and related prescription-processing requirements, professional standards related to data integrity, security, and confidentiality, requirements for consultation, reconciliation of state and federal laws and regulations regarding the practice of pharmacy and patient confidentiality, and duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel

- ☐ 13% of the exam is medication safety
  - i.e. error prevention strategies for data entry, patient package insert and medication guide requirements, identifying issues that require pharmacist intervention, look-alike/sound-alike medications, high-alert/risk medications, and common safety strategies such as tall man lettering, separate inventory, leading and trailing zeros, common medical abbreviations and symbols

- ☐ 18% of the exam is medication order entry and fill process
  - i.e. order entry process, intake, interpretations, and data entry, calculations of required dosages, fill process including appropriate product selection and application of special handling requirements, labeling requirements, packaging requirements, and dispensing process

- ☐ 12% of the exam is pharmacy information system usage and application
  - i.e. pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders

- ☐ 29% of the exam is site specific information
  - i.e. sterile and non-sterile compounding, pharmacy inventory management, pharmacy billing and reimbursement, third party resolution, reimbursement policies and plans, and coordination of benefits

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Commissioner

Pharmacy Technician Training Examination Attestation

Organization Name_____

MA License Number (if applicable) _____

Address _____

City/Town _____ State_____ Zip Code _____

Tel. No. _____ Fax No._____

Submitter/Manager of Record name (MOR) (print)_____

MOR MA License Number (if applicable) _____

Email_____

The checklist and signed copy of this form must be scanned and emailed to:

Michelle.Chan@state.ma.us

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

1) I have read and understand 247 CMR 8.00 and POLICY No. 2017-01 Guidance on Board-Approved Pharmacy Technician Training Programs and Examinations; and

2) Technician Assessment Examination complies with all standards set forth in POLICY No2017-01 and 247 CMR 8.00.

Signed under the pains and penalties of perjury:

_____ _____
Print Name and Title Date

_____
Signature

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Attestation of Compliance with Requirements for Board Approved Pharmacy Technician Training Programs Checklist

Initial each requirement and submit with Pharmacy Technician Training Program Attestation form below for Pharmacy Technician Training Program submissions:

- ☐ Curriculum includes a minimum of 120 training hours in theoretical instruction and 120 hours of practical instruction

- ☐ Program covers the topics of job descriptions, pharmacy security, commonly used medical abbreviations, routes of administration, product selection, final check by pharmacist, and guidelines for the use of pharmacy technicians

- ☐ Program provides applicants with information about qualifications to enroll, the purpose of the training program, requirements for state licensure as a pharmacy technician, prospects for employment, realistic salary expectations or referral to local, state, or national statistics for salary expectations, the total program cost, and the program's dismissal policies

  Instructor of Pharmacy Technician Training program is (check box below):

  - ☐ A Certified Pharmacy Technician who is licensed with the Board in good standing with a minimum of two years' experience in pharmacy practice
  - ☐ A Pharmacist licensed with the Board in good standing with a minimum of two years' experience in pharmacy practice
  - ☐ A combination of instructors that are either a pharmacist or Certified Pharmacy Technician licensed with the Board in good standing with a minimum of two years' experience
  - ☐ An instructor with a masters or doctorate degree with a minimum of 5 years' experience in teaching college level pharmacy practice curriculum

- ☐ Curriculum prepares 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 acquire knowledge, skills, and abilities needed for practice

- ☐ Program objectives clearly state that licensure with the Board is required after passing an approved national certification exam (ExCPT or PTCB)

- ☐ Advertisements specify goals to become a Certified Pharmacy Technician as well as requirements for Massachusetts licensure

- ☐ 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

- ☐ A certificate of completion of the Board approved program must be provided. In the event of unsuccessful completion of the national certification exam, the applicant may provide this proof of course completion in lieu of the 500 hour training requirement to obtain state licensure.

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Pharmacy Technician Training Program Attestation

Organization Name _____

MA License Number (if applicable) _____

Address _____

City/Town _____ State _____ Zip Code _____

Tel. No. _____ Fax No. _____

Submitter/Manager of Record name (MOR) (print) _____

MOR MA License Number (if applicable) _____

Email _____

The checklist and signed copy of this form must be scanned and emailed to:

Michelle.Chan@state.ma.us

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

1) I have read and understand 247 CMR 8.00 and POLICY No. 2017-01 Guidance on Board-Approved Pharmacy Technician Training Programs and Examinations; and

2) Technician Training complies with all standards set forth in POLICY No. 2017-01 and 247 CMR 8.00.

Signed under the pains and penalties of perjury:

_____ _____

Print Name and Title Date:

_____

Signature