

- Orig.: Mod.: X Date: 8/17/17 Program approved through 6/30/18. Note: New address, new contact name.
- Customer required to complete Parts V. & VI. of Illinois State License application prior to enrollment (see page 6 of attached license application). If any answers are "yes" must determine if it could be appealed. License application process has been converted on On-Line.
 - Total cost: \$1,929. Issue voucher for \$1800 - includes tuition, fees, books, supplemental materials, supplies
 - Issue separate voucher for \$129.00 for cost of National Pharmacy Technician Certification Board exam when student is ready to take exam



RECRUITMENT AND REFERRAL FORM
WIOA ITA Program

Programs: See next page

Program Provider: Rx Technician Preparatory School, LLC **FEIN:** 272336476

Address: 7210 East State Street, Century Plaza Business Ctr **Telephone:** 815-324-2727
 Rockford, IL 61108 **Fax:** 1-888-560-5956

Training Site Address: 7210 East State Street, Century Plaza Business Ctr
 Rockford, IL 61108 (plus other sites in Rockford area & other cities)

Contact Person: Angie McCarthy, Admissions, 815/315-2727 **Email:** angie@rxtechprep.net

Activity Name: Occ. Class. Training (Adult & DW)

Program: Training Services

Provider Code: 2011-501

Agreement Start Date: 9/6/11

CIP Code: 510805

O*Net Code: 292052

Session Dates or Open Entry-Open Exit: Call Rx Tech for training class schedule and locations. Program uses various rented classroom spaces which are not official school locations. Rx Tech official location is at the address listed above.

Maximum Time to Complete Program/Certificate/Degree: 10 weeks. Classes meet once per week for four hours. Total program hours: 40 (Only a limited number of classes are offered.)

Last Day Program Will Accept Referrals: Call

Program Description: Check information on website: <http://www.rxtechprep.net>

Expected Outcome: Employment related to training

Program Schedule: See website **No. of Participants:** -- **Total:** -- **Per Session:** - **Age:** **Math Level:** - **Reading Level:**
Other: High School diploma or GED; WorkKeys - NCRC Silver level certificate;
No felonies or drug charges.

Referral Procedures: Contact Angie McCarthy, 815-315-2727

Costs: See page 3

Authorization: The Workforce Connection, Inc.

R&R prepared by Valerie Johnson, TWC Planning & Quality Assurance Manager.

Rock River Training Corporation (RRTC) is the fiscal agent for WIOA programming approved by TWC.

PROGRAMS APPROVED FOR FUNDING AND COSTS

Tuition and Fees and Other Required Expenses for Approved Programs

TWC will pay for required books and supplies for courses in approved programs.

All programs are approved for both WIOA and TAA.

Provider: Rx Tech Prep

Specific Programs/Credential/CIP code

Tuition Costs and Fees

Supplies

PROGRAM APPROVED THROUGH JUNE 30, 2018

Program – Credential	CIP	O*Net Code and Name
Rx Tech Prep - PCTE & IL License*	510805	292052 Pharmacy Technician

Cost: \$ 1,929 (Cost includes \$1800 for tuition, fees, books, supplemental materials, and supplies and \$129.00 for cost of Pharmacy Technician Certification Board exam)

NOTE: Do **2 vouchers**: One voucher for \$1500 for tuition and other class costs. Second voucher for \$129 when ready to take exam. RxTech Prep will schedule exam dates for WIOA/Trade students.

***All WIOA and Trade participants must take the Pharmacy Technician Certification Board’s (PTCB’s) Pharmacy Technician Certification Exam (PTCE) upon completing program coursework.**

LWA 3 WIOA/Trade participants are required to take the Pharmacy Technician Certification Board exam (PCTE) upon completion of RxTech coursework. **To earn a credential, the participant must pass PTCB’s exam.** [Participants who do not pass the exam will receive only a Certificate of Completion from the school. Employers are seeking Pharmacy Technicians who have passed the certification exam; it is difficult for a program completer to get a job unless he/she has passed the certification exam.)

In Illinois Pharmacy technicians Illinois are required to be licensed. To work as a Pharmacy technician, an **individual must obtain a Pharmacy technician license within 60 days of hire.** (Then, within two years, the pharmacy technician must become a Certified Pharmacy Technician—however as stated above, **LWIA 3 requires WIOA/Trade funded participants to take the Certification exam upon completion of the Pharmacy Tech program’s coursework.**)

Rx Tech Prep is approved to operate by the Division of Private Business and Vocational Schools of the Illinois Board of Higher Education and by the Wisconsin Educational Approval Board.

REFUND POLICY

THERE IS NO REFUND POLICY FOR WIOA ENROLLEES

INSTRUCTION SHEET

PHARMACY TECHNICIAN

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

An applicant for registration as a pharmacy technician may assist a registered pharmacist in the practice of pharmacy for a period of up to 60 days prior to the issuance of a certificate of registration if the applicant has submitted the required fee and an application for registration to the Department. The applicant shall keep a copy of the submitted application on the premises where the applicant is assisting in the practice of pharmacy.

The following materials are required to make application for a Pharmacy Technician license in Illinois:

1. Application for Pharmacy Technician Licensure. If the name shown on your application is different from that shown on your supporting documents, you must submit ***proof of legal name change***--a copy of marriage license, divorce decree, court order or statement explaining change and stating change was not for fraudulent purposes.
2. Proof of presently attending or having graduated from high school or a G.E.D. (General Education Development) program. Proof must be in the form of a diploma, certificate, transcript, or statement on school letterhead (copies are acceptable).
3. Must be 16 years of age (18 years of age for CERTIFIED designation).

The application which you submit is valid for 3 years from date of receipt. If you are issued a license, it will expire annually on March 31 regardless of date of issuance.

All pharmacy technician licenses issued after December 31, 2007 must add either CERTIFIED or STUDENT designation by their *second* renewal in accordance with Section 9 of the Illinois Pharmacy Practice Act (225 ILCS 85/9).

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

Student or Certified Pharmacy Technician

All pharmacy technician licenses issued after December 31, 2007 must add either STUDENT or CERTIFIED designation by their *second* renewal, in accordance with Section 9 of the Illinois Pharmacy Practice Act (225 ILCS 85/9).

Designations MAY NOT be added online and must be requested by mail at the address below or with a license application or with a renewal form.

A request for designation must include:

- \$20 check or money order payable to IDFPR;
- The original license;
- The documentation listed below.

IDFPR
Division of Professional Regulation
PO Box 7086
Springfield, IL 62791-7086

In order to obtain the **STUDENT** designation your request must include:

- A current letter from a school official on school letterhead that clearly indicates your name and status as a student in an ACPE school of pharmacy; OR
- A photocopy of your letter from the Illinois Department of Financial and Professional Regulation approving your outline of a 1200 hour Course of Clinical Instruction.

In order to obtain the **CERTIFIED** designation your request must include:

- Proof of passing an approved pharmacy technician exam (a photocopy of your PTCB or ExCPT certificate) **AND**
- Proof of Education
 - Either a copy of your pharmacy technician program certificate/diploma **OR**
 - A statement from the pharmacist-in-charge of the pharmacy where you are currently employed certifying that you have successfully completed a training program as provided for in Section 1330.210(a) of the Rules for the Administration of the Illinois Pharmacy Practice Act. (PLEASE USE THE BOTTOM PORTION OF THE FORM BELOW.)



----- CUT HERE -----

This portion of the form may be completed by your Pharmacist Trainer and returned to the Department as proof of education for CERTIFIED status. **Print clearly.** Illegible entries will not be accepted.

My signature below certifies that:

- I am the Pharmacist-in-Charge of 054-_____.
Pharmacy License No.
- I have supervised the training of _____, license no. 049-_____.
Pharmacy Technician's Name Technician License No.
- He/She has successfully completed a training program as provided for in Section 1330.210(a) of the Rules for the Administration of the Illinois Pharmacy Practice Act.

Pharmacist Trainer Name (Print)

051-_____
Pharmacist License No.

Pharmacist Trainer Signature

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Pharmacy Technician

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

TWO-PAGE APPLICATION REVIEW	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Personal History Information	
Part VI. Child Support and/or Student Loan Information	
Part VII. Certifying Statement--Signed and Dated	
SUPPORTING DOCUMENTS	SUBMITTED
Application Fee	
Part VII (signed and dated)	
Proof of high school graduation or its equivalent	
Proof of Legal Name Change (if applicable)	
Part V: Any questions answered "yes" must be accompanied by detailed explanation and any related documentation	
If applying for a Certified Pharmacy Technician submit the following information in addition to the above: Proof of graduation from a pharmacy technician training program Proof of successful passage of an examination certified by ICPT or PTCB	
If applying for a Student Pharmacist submit the following in lieu of proof of high school graduation or its equivalent: Proof of current enrollment as a student in an approved School of Pharmacy.	

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR PHARMACY TECHNICIAN LICENSURE

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 85/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

- A. Type or print legibly with black ink only.
- B. The fee is \$40 - Make check payable to the Department of Financial and Professional Regulation. **THIS FEE IS NOT REFUNDABLE!**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

Forward application, supporting documentation and fee payment to:

**Illinois Department of Financial
and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791**

If assistance is needed, direct your request to the following telephone number: **1-800-560-6420**

PART I: Application Category Information

1. PROFESSION NAME <input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Certified Pharmacy Technician <input type="checkbox"/> Student Pharmacist	2. PROFESSION CODE 049	3. LICENSURE METHOD Non-examination	4. FEE \$40
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5. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |

PART II: Applicant Identifying Information

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., Ph.D, RN) N/A	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
4. PERMANENT MAILING ADDRESS CITY STATE/COUNTRY ZIP CODE COUNTRY _____ + _____		
5. MAIDEN, GIVEN, OR OTHER USED NAME(S)	6. PLACE OF BIRTH (CITY, STATE/COUNTRY)	7. DATE OF BIRTH ____/____/____ Month Day Year
9. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work (____) _____ - _____ (Area Code)		8. <input type="checkbox"/> Female <input type="checkbox"/> Male
10. Home (____) _____ - _____ (Area Code)		
10. PREFERRED e-MAIL ADDRESS(ES) (If available)		

PART III: Education Information/Work History Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed) 1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? <input type="checkbox"/> Yes <input type="checkbox"/> No OR Received G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. NAME OF LAST HIGH SCHOOL ATTENDED	3. LAST HIGH SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____/____/____ Month Year

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

PART IV: Record of Licensure Information

If you have been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. You must also list all other licenses held in Illinois; however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
Other States of Licensure including state where you most recently have been practicing.				

PART V: Personal History Information (This part must be completed by all applicants)

YES NO

1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or substance abuse; (3) physical disease or condition that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation of whether or not you are currently under treatment.
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.

PART VI: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No
 (NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes No

PART VII: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

 Signature of Applicant Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.