

Texas State Board of Pharmacy
Committee on Pharmacy Technician Certification Examination
January 28, 2009
Wm. Hobby Building, Tower II-500

MINUTES

The meeting was called to order by Committee Chair Jeanne Waggener, R.Ph., at 9:40 a.m. Committee Members present included Rosemary Combs and Alice Mendoza, R.Ph. Staff members present included Gay Dodson, R.Ph., Executive Director/Secretary; Kerstin Arnold, General Counsel; Allison Benz, Director of Professional Services; Cathy Stella, Director of Administrative Services & Licensing; and Carol Willess, Licensing Program Specialist.

Audience members included Rebecca M. Rabbitt, CEO, of the Institute for the Certification of Pharmacy Technicians (ICPT); Melissa Muir Corrigan, R.Ph., Executive Director/CEO of the Pharmacy Technician Certification Board (PTCB); and Kathy Barber, representing the Texas Federation of Drug Stores.

Ms. Dodson read an opening statement that stated the purpose of the meeting, which was to consider and discuss approval of entities providing examination and certification of pharmacy technicians and possibly reach a decision regarding a recommendation to the full Board.

The Committee Members reviewed and discussed the following options for recommendation to the board:

- Option 1:** No change - continue with current vendor
- Option 2:** Allow both exams with no evaluation of content equivalency or bid process
- Option 3:** Allow both exams with evaluation of content equivalency; no bid process
- Option 4:** Require bid process that may result in one or both exams; evaluation of content may be decided at later date.

After discussion, Ms. Combs made the motion to recommend Option #4 to the full Board at the February 10, 2009, Board Business Meeting. The motion was seconded by Ms. Mendoza and passed unanimously.

The Committee Members directed staff to develop cost estimates for the February Board Business Meeting, including fees for an independent psychometrician to assist staff in conducting the following exercises:

- 1) Develop bid specifications for the bid proposal that will provide enough information to the psychometrician to perform each evaluation;
- 2) Evaluation of the responses to the bid proposal;
- 3) Perform an independent evaluation of both exams to determine validity; and
- 4) Perform an evaluation of the content of both exams. This exercise assumes that the evaluator will have access to the blueprint and/or test questions. Representatives from both PTCB and ICPT were agreeable to this access, provided that the security and confidentiality of these exams were maintained.

The meeting adjourned at 11:05 a.m.

APPROVED:

W. Benjamin Fry, R.Ph.
President

Gay Dodson, R.Ph.
Executive Director/Secretary

February 10, 2009



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January 13, 2009

Arizona State Board of Pharmacy
1700 West Washington – Suite 250
Phoenix, Arizona 85007
Attn: Hal Wand, Executive Director

RE: Request for Board Approval of ExCPT Test for Certification of Pharmacy Technicians

Dear Members of the Board:

We represent the Institute for Certification of Pharmacy Technicians ("ICPT"). On behalf of ICPT, we respectfully request the Arizona State Board of Pharmacy ("Board") approve the ExCPT test ("ExCPT") for certification of Pharmacy Technicians. A.A.C. R4-23-401(A).

Rebecca M. Rabbitt, MS, PharmD; Chief Executive Officer of ICPT, previously submitted documents to the Board and appeared before the Board requesting approval of ExCPT¹.

As the Board is aware, in addition to certain other qualifications, Pharmacy Technicians must "[p]ass a [B]oard approved pharmacy technician examination." A.R.S. § 32-1923.01(A)(5). The Board further defined this requirement in 2004 by adopting an Administrative Rule requiring an applicant for Pharmacy Technician licensure to pass the "Pharmacy Technician Certification Board ("PTCB") examination ["PTCE"] or *another Board-approved pharmacy technician examination.*" A.A.C. R4-23-1101(B)(2)(c) (emphasis added)².

The Board has not adopted or published standards for approving additional technician certification examinations. Some states have adopted a standard that allows approval of certification programs/examinations if the program/examination is National Commission for Certifying Agencies ("NCCA") accredited³. Adoption of such a standard ensures consistent quality of examinations and avoids bias. Also, only those entities who have made the significant investment (generally over one million dollars) to develop a program/examination will achieve NCCA accreditation. Using NCCA accreditation

¹ See Copies of relevant pages of the meeting minutes attached as Exhibit "1". Although the Board previously discussed this matter, we are presenting additional documentation and information and are requesting approval based on Board rule. We understand the Board has a full agenda and, if the Board does not approve ExCPT, we request it do so in writing so that we may pursue additional relief. If the Board does not approve the ExCPT at this meeting, we will not be appearing before the Board again. Rather, we will pursue all other available relief.

² Administrative rules are given the same force and effect as statute. *LaWall v. Pima County Merit Sys. Comm'n*, 212 Ariz. 489, 494, 134 P.3d 394, 399 (App. 2006) (internal citations omitted).

³ See, e.g. Florida, Illinois, Iowa.

as a standard will allow the Board to set an acceptable threshold of quality and avoid claims of bias or arbitrary action.

ExCPT and PTCE are accredited by NCCA⁴. As a result, the ExCPT meets the same NCCA criteria as the PTCE, including:

- Analysis leading to clearly delineated performance domains and tasks, associated knowledge and/or skills, and sets of content/item specifications to be used as the basis for developing each type of examination.
- Employment of examinations that are derived from the job/practice analysis and that are consistent with generally accepted psychometric principles.
 - Examination is the product of an appropriately designed and documented development process.
 - Ongoing processes ensure examination components are revised and replaced over time.
- Setting the cut score consistent with the purpose of the credential and the established standard of competence for the profession, occupation, role, or skill.
- Documentation of the psychometric procedures used to score, interpret, and report examination results.
- Reported scores that are sufficiently reliable for the intended purposes.
- Development of, and adherence to, appropriate, standardized, and secure procedures for the development and administration of the examination.
- Establishment and documentation of policies and procedures for retaining all information and data required to provide evidence of validity and reliability of the examination.
- Establishment and application of policies and procedures for secure retention of examination results and scores of all candidates⁵.

ExCPT, by its NCCA certification, has the same weight and validity as the PTCE. Even the National Association of Boards of Pharmacy ("NABP"), in an April 2008 letter to Member Boards of Pharmacy, recognized NCCA accreditation as "an independent audit by certification experts [that] ensures that [a] certification program adheres to current standards of practice in the certification industry"⁶.

⁴ See Exhibit "2" – NCCA Certification issued May 2008.

⁵ See Exhibit "3" National Commission of Certifying Agencies, *Standards for the Accreditation of Certification Programs* (2004).

⁶ See, Exhibit "4" – April 2008 NABP letter.

In its letter, the NABP also noted it had "not received any information, from any source, concerning the validity or psychometric soundness of any technician examination beyond [PTCE]" and that NABP adhered to "recognized and valid psychometric standards in preparing licensure and certification examinations" and that "the methods used to construct the PTCE follow testing procedures recommended in the Standards for Educational and Psychological Tests (APA, NCME, AERA; 1999), guidelines published by the National Organization for Competency Assurance (NOCA), Council on Licensure, Enforcement, and Regulation (CLEAR)." ICPT also adheres to recognized and valid psychometric standards in preparing its certification examination and the methods used to construct the ExCPT adhere to NOCA standards, which are consistent with the APA, NCME, and AERA standards, and also meet the recommendations of CLEAR⁷.

Interestingly, although totally out of context and surprising blatant, NABP chose to include a closing sentence in this letter reminding the member boards that NABP's partnership with PTCB generated revenue for NABP that is used to support services and programs for member boards. Although NABP may disagree, its partnership with PTCB is not a valid basis upon which to withhold endorsement of ExCPT.

Notwithstanding the April 2008 letter, as recently as a September 2008, in a letter to member boards, NABP, said the following:

If . . . NCCA accreditation [is] a means of recognizing certification programs for technicians then *both programs [PTCB and ExCPT] would satisfy this requirement.*

Unfortunately, the September 2008 letter⁸ did not correct the implication of the April 2008 letter that ICPT did not adhere to recognized and valid psychometric standards in preparing its licensure and certification examination. However, this is not surprising considering that NABP is unlikely to endorse or "approve" an examination that competes with the examination in which it has a controlling, and possibly conflicting, financial interest.

ExCPT is of equivalent quality to the PTCE and has been approved by every other Board that has considered it. Currently, in twelve states, technician certification is required for licensure. ExCPT is approved in nine of these twelve states. In four states, certification is one of an acceptable combination of qualifications. ExCPT is approved in three of these four states. In ten states, certification is required to increase the ratio of technicians to pharmacists. ExCPT is approved in six of these ten states. In one state, certified technicians are exempt from a training program. ExCPT is approved in this state. In total, twenty-seven states require certification in some form and ExCPT is recognized in twenty of these states. ExCPT is also available and approved in some states where certification is voluntary⁹. No state, other

⁷ See Exhibit 5 – Affidavit of Psychometrician Steve Nettles.

⁸ See Exhibit 6 – the September 2008 NABP letter.

⁹ These states do not require certification, but recognize ExCPT for other purposes. See Exhibit "7" – a chart of all states with underlying Board minutes and other materials for those states that require certification and have approved ExCPT.

than Arizona, after considering the ExCPT, has denied approval. Officials and members of other state boards who have approved ExCPT have commented¹⁰ that:

- "The availability of the ExCPT as a credible alternative to the PTCB was very important to us. We are satisfied that the ExCPT is *psychometrically sound, recognized nationally* and is available on demand in multiple sites throughout the state." *Linda Howrey, President of the Oregon Board of Pharmacy.*(emphasis added).
- "The ExCPT exam is *psychometrically sound, legally defensible and equivalent to the PTCB*. I'm glad that we now have two certification exams in Connecticut. *Competition is a good thing.*" *Steven Beaudin, Public Member of the Connecticut Pharmacy Commission.* (emphasis added).

Even in light of the unique relationship between member boards and NABP, twenty states have recognized and approved ExCPT; as should this Board.

There is a need for an additional pharmacy certification test. An additional test will simplify the process by giving technicians a choice among required examinations; will reduce delays inherent in the PTCE administration schedule; will ease the inconvenience inherent in limited PTCE test locations; will reduce delays in receiving test results; and will offer an affordable alternative to those persons who cannot afford the PTCE examination fee¹¹.

Approximately 4,000 persons applied for Pharmacy Technician licensure in 2008¹². Currently, ExCPT is offered on over 300 test dates. The PTCE is only offered on approximately 100 test dates. As a result, persons who want to apply for licensure who miss the most recently offered test date must wait for a period of time until the next available test date. This delay may result in the person forgoing the application process in favor of other employment. The PTCE is only offered at three locations in Arizona – Phoenix, Mesa, and Tucson. The ExCPT is offered at seven locations in Arizona – two in Scottsdale, one in Mesa, two in Phoenix, one in Tucson and one in Yuma. Those persons who take the PTCE do not receive their scores until a few weeks after taking the test. Those persons who take ExCPT receive their score prior to leaving the facility. The cost of the PTCE is \$129.00. The cost of the ExCPT is \$95.00. There may be persons who forgo taking the PTCE and pursuing a career in pharmacy because the cost of the PTCE is prohibitive. In the current economic climate, it is necessary to offer a convenient, cost-effective alternative to applicants.

¹⁰ These quotes were obtained by ICPT marketing staff after respective board approval. See Exhibit "8".

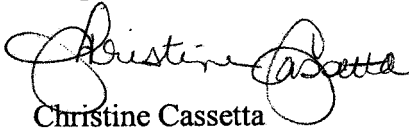
¹¹ See Exhibit "9" – Chart comparing ExCPT and PTCB.

¹² As of June 30, 2008 there were 7,349 Certified Technicians and 6,059 trainee technicians. 1271 Certified Technician Permits and 2,650 trainee permits were issued in 2008. At some point in the next few years over 8,000 technicians are eligible for certification.

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January 13, 2009
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Using generally recognized and approved industry criteria the ExCPT, like the PTCE, is a psychometrically sound and valid examination that has been approved by more than twenty states that have considered it. ExCPT is of equivalent quality to the PTCE. The administrative rule requires the Board to approve a pharmacy technician examination other than the PTCE. The Board's approval of only the PTCE impermissibly renders the Board's Administrative Rule invalid¹³. We respectfully request the Board, as have other state boards of pharmacy, approve the ExCPT for use as a pharmacy technician certification examination.

Respectfully,


Christine Cassetta

Encls.

¹³ "The same principles of construction that apply to statutes also apply to administrative rules" *Kimble v. City of Page*, 199 Ariz. 562, 565, 20 P.3d 605, 608 (App. 2001). Administrative rules are to be interpreted to yield a fair and sensible meaning and they should not be interpreted in ways that make them invalid. *Id.*

EXHIBIT "1"



Arizona State Board of Pharmacy
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Phoenix, AZ 85007
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**THE ARIZONA STATE BOARD OF PHARMACY
HELD A REGULAR MEETING NOVEMBER 12 AND 13, 2008
AT THE ARIZONA STATE BOARD OF PHARMACY OFFICE
PHOENIX, AZ**

MINUTES FOR REGULAR MEETING

AGENDA ITEM 1 – Call to Order – November 12, 2008

President Berry convened the meeting at 12:00 (noon) and welcomed the audience to the meeting.

The following Board Members were present: President Zina Berry, Vice President Dennis McAllister, Steven Haiber, Louanne Honeyestewa, Dan Milovich, Ridge Smidt, Paul Sypherd and Tom Van Hassel. The following Board Member was not present: Joanne Galindo. The following staff members were present: Compliance Officers Rich Cieslinski, Larry Dick, Ed Hunter, Sandra Sutcliffe, and Dean Wright, Drug Inspector Heather Lathim, Deputy Director Cheryl Frush, Executive Director Hal Wand, and Assistant Attorney General Elizabeth Campbell.

Ms. Frush explained that law continuing education would be offered for attendance at the meeting.

AGENDA ITEM 2 – Declaration of Conflicts of Interest

Due to a conflict of interest, Mr. Haiber recused himself from participating in the review, discussion, and proposed action concerning Agenda Item 7, Schedule C, License Applications Requiring Board Review for Ishmael Smith-Muhammad.

Due to a conflict of interest, Mr. Haiber recused himself from participating in the review, discussion, and proposed action concerning Agenda Item 10, Schedule D, Complaint Number #3563, #3564, #3565, #3566, and #3580.

Due to a conflict of interest, Mr. Milovich recused himself from participating in the review, discussion, and proposed action concerning Agenda Item 10, Schedule D, Complaint #3581.

AGENDA ITEM 8 – Institute for the Certification of Pharmacy Technicians – Request for the Board to approve the ExCPT test as a certification option for Arizona Pharmacy Technician

Rebecca Rabbit was present from the Institute for the Certification of Pharmacy Technicians to request that the Board approve the ExCPT test as a certification option.

President Berry opened the discussion by asking Ms. Rabbit why she requested to appear in front of the Board for approval of her institute's certification test.

Ms. Rabbit stated at the last meeting she presented the Board Members with a packet explaining the ExCPT test. Ms. Rabbit stated that she is asking for the ExCPT exam to be approved as an alternative to the PTCB exam for technician certification. Ms. Rabbit stated that the laws allow for the Board to approve an alternate exam.

Ms. Rabbit stated that the ExCPT offers many advantages to the technicians. Ms. Rabbit stated that the test is given on a continuous basis. Ms. Rabbit stated that there are seven testing centers in Arizona. Ms. Rabbit stated that the technician would receive his or her test scores prior to leaving the testing facility.

Dr. Berry asked what the pass fail ratio is for the test. Ms. Rabbit stated that 72% of the applicants pass the exam on their first attempt.

Ms. Honeyestewa asked how often the test questions are reviewed. Ms. Rabbit stated that the test questions are written by item writers which include both pharmacists and technicians. Ms. Rabbit stated that the questions are reviewed by staff and then the questions are reviewed by an expert panel. Ms. Rabbit stated that the independent writers submit questions three times a year and the expert panel reviews the questions twice a year.

Mr. Van Hassel stated that there is only one exam for pharmacist licensure and the Board has approved the PTCB exam as the test for technician licensure. Mr. Van Hassel stated that he does not see the need to add another test.

Ms. Honeyestewa stated that the PTCB test will be given continuously beginning in April of 2009.

Mr. McAllister indicated that the Board is not a testing agency and the Boards have accepted NABP recommendations for competency testing. Mr. McAllister stated that the PTCB is recommended by NABP for certification. Mr. McAllister stated that the Board does not have the skills to evaluate exams.

Mr. Haiber stated that by approving another exam he feels that would add another layer of complexity to the process. Mr. Haiber stated that the PTCB exam has meet the need of the Board to show that a technician has met the minimum level of competency by passing the exam.

Ms. Rabbit stated that she does not know how this would increase the complexity to the Board. Ms. Rabbit stated that they do require continuing education to maintain their certification. Ms. Rabbit noted that without competition PTCB would not have decided to give their test on a continuous basis.

Ms. Rabbit stated that she does not feel that the Board would have multiple vendors asking to have their tests approved because it costs about a million dollars to enter the market.

Mr. Milovich asked if they had been turned down in any states. Ms. Rabbit replied no.

Mr. Wand stated that Ms. Rasmussen had suggested that the Board could establish a task force to study the option of approving more than one exam.

Mr. McAllister stated that he feels the PTCB exam tests for minimum competency. Mr. McAllister stated that NABP is a stakeholder in the exam and the Boards rely on NABP's expertise when the Board approves exams.

Ms. Rabbit stated that the questions asked on the ExCPT exam are representations of what the profession has told them needs to be on the exam. Ms. Rabbit stated that the Board could have input into the exam and could be part of the governing council.

On motion by Mr. Van Hassel and Mr. McAllister, the Board unanimously agreed to deny the request by the Institute for the Certification of Pharmacy Technicians to approve the ExCPT test as a certification option for Arizona Pharmacy Technicians.

AGENDA ITEM 9- Reports

Executive Director Report

Budget Issues

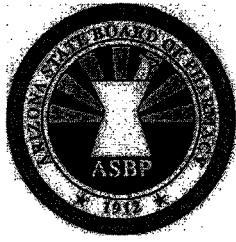
Mr. Wand opened the discussion by reviewing the financial reports with the Board Members.

Mr. Wand indicated that the postage was higher in September due to the mailing of the Renewal notices.

Mr. Wand noted that there were three pay periods in September.

Mr. Wand stated that he has not heard anything from the Budget Office concerning the proposed fix for the Budget issues.

Mr. Wand stated that there will be another sweep of \$529,000 dollars from the Pharmacy Fund to help balance the state budget.



Arizona State Board of Pharmacy
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**THE ARIZONA STATE BOARD OF PHARMACY
HELD A REGULAR MEETING SEPTEMBER 10, 2008
AT THE ARIZONA STATE BOARD OF PHARMACY OFFICE
PHOENIX, AZ**

MINUTES FOR REGULAR MEETING

AGENDA ITEM 1 – Call to Order – September 10, 2008

Vice President McAllister convened the meeting at 9:00 A.M. and welcomed the audience to the meeting.

The following Board Members were present: Vice President Dennis McAllister, Joanne Galindo, Steven Haiber, Louanne Honeyestewa, Dan Milovich, Ridge Smidt, Paul Sypherd and Tom Van Hassel. The following Board Member was not present: Zina Berry. The following staff members were present: Compliance Officers Rich Cieslinski, Larry Dick, Ed Hunter, Sandra Sutcliffe, and Dean Wright, Drug Inspector Heather Lathim, Deputy Director Cheryl Frush, Executive Director Hal Wand, and Assistant Attorney General Nancy Beck. Ms. Honeyestewa left the meeting at 2:10 P.M.

Ms. Frush explained that law continuing education would be offered for attendance at the meeting.

AGENDA ITEM 2 – Declaration of Conflicts of Interest

Due to a conflict of interest, Mr. Haiber recused himself from participating in the review, discussion, and proposed action concerning Agenda Item 9, Schedule C, License Applications Requiring Board Review for Guadalupe Rocha.

Due to a conflict of interest, Mr. McAllister recused himself from participating in the review, discussion, and proposed action concerning Agenda Item 4 (Humana Rightsource deviation request).

Due to a conflict of interest, Mr. McAllister recused himself from participating in the review, discussion, and proposed action concerning Agenda Item 7, Schedule A, Non-Resident Pharmacy Permit Approval for RightSource Rx in Ohio.

the reapplication process. The pharmacy technician trainee may reapply for an additional two years as a pharmacy technician trainee one time.

- | | |
|----------------------------|-------------------------|
| 1. Brenda Johnson | 28. Adrienne Stout |
| 2. Shannon Leskovec | 29. Raipreet Kaur |
| 3. Brian Park | 30. Guadalupe Sanchez |
| 4. Kyla Doherty | 31. Robert Rudkin |
| 5. David McPherson | 32. Louise Puhl |
| 6. Douglas Webb | 33. Melissa Bartos |
| 7. Bertha Littlehat | 34. Silva Krakoz |
| 8. Gilbert Peppin | 35. Tasha Anderson |
| 9. Joseph Larkin | 36. Salina Cruz |
| 10. Crystal Carlos | 37. Anita Escarrega |
| 11. Victoria Gerth | 38. Adriana Girard |
| 12. Karen McCoy | 39. Stephen Koldykowski |
| 13. Phillena Manygoats | 40. Trisha Tietz |
| 14. Peter Mangan | 41. Eva Sanchez |
| 15. Nicole Gonzales | 42. Anthony Walker |
| 16. Karl Fetterman | 43. Billie Harrell |
| 17. Rene Lopez | 44. Rebecca Rodriguez |
| 18. Krishaun Jones | 45. Shelby Paulson |
| 19. Alvina Encinas | 46. Alphonsa Hahn |
| 20. Brian Bridgman | 47. Tessa Smith |
| 21. Sarah Slette | 48. Denisse Figueroa |
| 22. Lindsey Spiegel | 49. Kirsten Vetter |
| 23. Omar Varela-Chavez | 50. Donna Scharrer |
| 24. Jillian Johnson | 51. Rose Wycoco |
| 25. Alex Chischilly | 52. Tianna Vandenberg |
| 26. Paula Rabuck | |
| 27. Jacqueline Gory-Warner | |

AGENDA ITEM 17 – Proposed Rules

Rules Writer Dean Wright opened the discussion by stating that all the rule packages are for Notices of Final Rulemaking. Mr. Wright gave a brief overview of each rule package.

On motion by Mr. Van Hassel and seconded by Mr. Haiber, the Board unanimously agreed to accept the Notice of Final Rulemaking and Economic Impact Statements as listed in the Administrative Code for the following rules:

Declared Emergencies Rules Prescription Medication Donation Program Rules

AGENDA ITEM 18 – Institute for the Certification of Pharmacy Technicians – Request for the Board to approve the ExCPT test as a certification option for Arizona Pharmacy Technician

Rebecca Rabbit was present from the Institute for the Certification of Pharmacy Technicians to request that the Board approve the ExCPT test as a certification option.

Vice President McAllister opened the discussion by asking Ms. Rabbit why she requested to appear in front of the Board for approval of her institute's certification test.

Ms. Rabbit stated that the ExCPT is a psychometrically sound exam and is accredited by NCAA. Ms. Rabbit stated that the exam is broad based and tests the knowledge of the technicians in all areas of pharmacy.

Ms. Rabbit stated that the exam has some advantages over the PTCB test. Ms. Rabbit stated that the test is given 300 days a year. Ms. Rabbit stated that an individual taking the test knows if they passed the test when they leave the test site. Ms. Rabbit stated that the cost is less than the cost of the PTCB test.

Mr. Milovich asked how many State Boards of Pharmacy have approved the test. Ms. Rabbit stated that 14 states have approved the exam.

Dr. Smidt asked if the exam is psychometrically sound. Ms. Rabbit replied yes and is accredited by the same accrediting company as the PTCB.

Dr. Smidt asked if a technician fails the exam can they take the exam the next day. Ms. Rabbit stated that they must wait one month.

Ms. Rabbit briefly explained the grading of the exam.

The Board Members decided to review the information provided to them by Ms. Rabbit and further discuss the test at the November meeting.

AGENDA ITEM 19 – Continuous Quality Assurance Task Force – Establishment of a date for the next meeting of the task force

The Task Force Members selected October 22, 2008 as the next date that the task force would meet. The meeting will be held at 1:00 P.M.

AGENDA ITEM 20 – Long Term Care Task Force – Addition of new members to the Task Force

On motion by Dr. Smidt and seconded by Mr. Van Hassel, the Board approved the addition of the following members to the Long Term Care Task Force:

1. Sandra Brownstein
2. Jeffrey Hohl
3. Deanne Ryan

EXHIBIT "2"

The National Commission for Certifying Agencies

has recognized the

*Institute for the Certification of Pharmacy Technicians
Certified Pharmacy Technician*

as an accredited certification program
together with all rights and privileges thereto pertaining
through May 31st, 2013

Chair

Dennis Fardel

Executive Director

Don C. Mc

EXHIBIT "3"

National Commission for Certifying Agencies

Standards for the Accreditation of Certification Programs



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Approved February 2002.

Revised September 2004

Revised November 2006 (editorial only)

Revised December 2007 (editorial only)

- E. Because rapid changes may occur in knowledge and/or skills and in technology, it is important that certification programs periodically review performance domains, tasks, and associated knowledge and/or skills in the specifications to ensure that they are current. Since it is impossible to specify with precision how often the review should be conducted, each certification agency should develop its own timeframe and rationale. For existing certification programs, any changes between new specifications and previous specifications should be noted and explained.
- F. Suggested evidence to document that the Standard has been met requires a complete report summarizing the results of the job/practice analysis, which may include:
- A description of the background and experience of subject-matter experts and professionals who participated in various phases of the job/practice analysis
 - Identification of the psychometric consultants or organization used to conduct the job/practice analysis or important phases of it
 - A description of methods used to delineate performance domains, tasks, and associated knowledge and/or skills
 - A copy of the job analysis survey, including all instructions, rating scales, open-ended questions, and background demographic information collected from participants
 - A description of the survey's sampling plan and its rationale
 - Documentation of survey results, including return rate, analysis of ratings data, algorithms or other psychometric methods used to analyze or combine ratings data, and a rationale supporting representativeness of survey findings
 - A table of specifications for each assessment instrument specifying weighting of the performance domains, tasks, and associated knowledge and/or skill, along with any decision rules used to eliminate any of these elements from the table of specifications
 - Date of the study and description of a plan to update periodically the job/practice analysis
- G. The formal report of the job/practice analysis study to be provided to demonstrate compliance with this standard may be considered by the organization to be a confidential document, and therefore, the organization may decide to not make it widely available. However, in these cases, the organization must publish and make available a summary of the study or statement(s) describing the exam specifications development process for dissemination to prospective candidates and other interested members of the public.

Standard 11

The certification program must employ assessment instruments that are derived from the job/practice analysis and that are consistent with generally accepted psychometric principles.

Essential Elements:

- A. Assessment instruments, including assessment items, exhibits, instructions to examinees, scoring procedures, and training procedures for administration of assessments, must be products of an appropriately designed and documented development process.
- B. The content sampling plan for test items or other assessment components must correspond to content as delineated and specified in the job/practice analysis.
- C. An ongoing process must exist to ensure that linkage between the assessment instruments and the job/practice analysis is maintained, as assessment components are revised and replaced over time.

This linkage between assessment content and job/practice analysis must be documented and available for review by stakeholders.

- D. Certification programs must follow a valid development process that is appropriate for assessment instruments.
- E. A systematic plan must be created and implemented to minimize the impact of content error and bias on the assessment development process. Assessment content must be reviewed by qualified subject matter experts.

Commentary:

- A. Documentation for assessments should include a detailed description of the delivery format for each portion of the assessment and the type of response required of candidates. Developers should take reasonable steps to ensure that modes of presentation and response are justified by job relatedness. If the form of the assessment instrument is to be delivered on computer, the documentation of item selection rules or display features should be described. Certification programs should document how background and experience factors of the candidate population were considered in selecting item types or other assessment formats.
- B. Qualifications of subject matter experts, assessment development professionals, content reviewers, and others involved in assessment development should be appropriate to the content area tested and assessment procedures used and documented.
- C. Training provided to item writers, item reviewers, and others who produce assessment content should be structured, delivered, and documented in a professional and consistent manner.
- D. The development and assembly process for assessment instruments should be documented.
- E. The development process should include pilot testing of new items with a representative sample of the target population, with revision based on statistical analysis of results, where appropriate.
- F. Certification programs should document procedures used to examine the performance of items or other assessment components and describe the criteria used to identify components for revision or removal from the assessment.
- G. The size of the item pool must be sufficient to sample specifications for the assessment and to provide adequate item exposure control to safeguard the security and integrity of the item bank and test forms, particularly in relation to computer-based administration.
- H. Provision should be made for monitoring continued validity of each assessment item and assessment form during the period in which they are active.
- I. Suggested evidence to document that the Standard has been met may include: specifications for the assessment instruments; training materials, agendas, and reports on item development; procedures for the development of assessment instruments; and technical reports.

Standard 12

The certification program must set the cut score consistent with the purpose of the credential and the established standard of competence for the profession, occupation, role, or skill.

Essential Elements:

- A. Cut scores must be set using information concerning the relationship between assessment performance and relevant criteria based on the standard of competence.

- B. A report must be published documenting the methods and procedures used to establish the standard of competence and set the cut score, along with the results of these procedures.

Commentary:

- A. No single method exists to set cut scores. Appropriate strategies include the use of judges or panelists who focus their attention on assessment content by rating each item or task, or who consider the candidates or their completed assessments.
- B. The raters in a cut score study must understand the purpose of the assessment, the standard of competence, and how to apply the cut score process that is to be used. Raters should have a sound basis for making required judgments. If data are available, estimates of the effects of setting the cut score at various points should be provided.
- C. The cut score study should be documented in sufficient detail to allow for replication, including full descriptions of the procedures followed, results, and how they should be interpreted.
- D. Suggested evidence to document that the standard has been met includes a report of the cut score study that addresses the following:
- Overview of the cut score process
 - Qualifications of those designing and implementing the process
 - Number of panelists, manner of selecting the panelists, and their qualifications
 - Material used
 - Data collection procedures
 - Descriptions or conceptualizations developed by the panelists
 - Data collection activities
 - Meeting agendas
 - Any adjustments made to the cut score by a governing body or policy group
- E. This formal cut score report may be considered confidential by the organization; however NCCA accreditation review requires that a formal report of the cut score be submitted with the application. In these cases, the organization must make available a summary of the study or statement regarding the study to prospective candidates and other interested stakeholders. The summary can be in journal articles, candidate bulletin, or other information accessible to candidates and stakeholders.

Standard 13

The certification program must document the psychometric procedures used to score, interpret, and report assessment results.

Essential Elements:

- A. The certification program must describe procedures for scoring, interpreting, and reporting assessment results.
- B. For responses scored by judgment, developers must document training materials and standards for training judges to an acceptable level of valid and reliable performance. Any prerequisite background or experience for selection of judges must also be specified.

- C. Candidates must be provided meaningful information on their performance on assessment instruments. Such information must enable failing candidates to benefit from the information and, if psychometrically defensible, understand their strengths and weaknesses as measured by the assessment instruments.
- D. Reports of aggregate assessment data in summarized form must be made available to stakeholders without violating confidentiality obligations.

Commentary:

- A. Certification programs are responsible for establishing quality control procedures that regularly monitor the precision of calculations used to compute assessment scores and their conversion to standardized, equated, or scaled scores, if performed.
- B. The certification program should publish an explanation of the appropriate uses and misuses of reported score information.
- C. Suggested evidence to document that the Standard has been met may include descriptions of scoring procedures, training documents, quality control procedures, and sample score reports for passing and failing candidates.
- D. Evidence in support of essential element D should include documentation of aggregate assessment data to the various stakeholder groups on interest. For example, details of the aggregate assessment data might be appropriately reported to representatives of the program sponsor (e.g. a board or committee) and documented in the NCCA Accreditation application. In addition, however, some aggregate data must be available to the public and the certificant population, at a minimum addressing the number of candidates and the number of individuals attaining the certification credential during a specified period of time.

Standard 14

The certification program must ensure that reported scores are sufficiently reliable for the intended purposes of the assessment instruments.

Essential Element:

- A. Certification programs must provide information to indicate whether scores (including any subscores) are sufficiently reliable for their intended uses, including estimates of errors of measurement for the reported scores. Information must be provided about reliability or consistency of pass/fail decisions. When appropriate, information should be provided about the standard error of measurement or similar coefficients around the cut score.

Commentary:

- A. The level of reliability required for an assessment instrument depends on the type of assessment device and the purpose for which scores will be used.
- B. Different types of assessment instruments require different methods of estimating reliability. Reliability should be estimated using methods that are appropriate for characteristics of the assessment instruments and the intended uses of the scores.
- C. Suggested evidence to document that the Standard has been met may include:
 - Methods used to assess reliability of scores (including subscores), and the rationale for using them
 - Characteristics of the population involved (e.g., demographic information, employment status)

- A reliability coefficient, an overall standard error of measurement, an index of classification consistency, an information function, or other methods for estimating the consistency of scores
- Standard errors of measurement or other measures of score consistency around the cut score
- Information about the speededness of performance on the assessment instruments
- Any procedures used for judgmental or automated scoring
- The level of agreement among judges

Standard 15

The certification program must demonstrate that different forms of an assessment instrument assess equivalent content and that candidates are not disadvantaged for taking a form of an assessment instrument that varies in difficulty from another form.

Essential Elements:

- A. Equating or other procedures used to ensure equivalence and fairness must be documented, including a rationale for the procedure used.
- B. When assessment instruments are translated or adapted across cultures, certification programs must describe the methods used in determining the adequacy of the translation or adaptation and demonstrate that information attained from adapted and source versions of the assessment instruments produce comparable test scores and inferences.

Commentary:

- A. Different ways exist to link assessment scores, ranging in rigor from strict equating models to judgmental methods.
- B. When certification programs use more than one mode of administration (e.g., paper/pencil and computer-based testing), it is important to document equivalence of score information and any score adjustment method used to achieve equivalence.
- C. A rationale should be provided for the reporting scales selected and methods used to determine score scales.
- D. The scales on which scores are reported should not encourage finer distinctions among candidates than can be supported by the precision of the assessment instruments. The scale values should be chosen in a manner that avoids confusion with other scales that are widely used by the same population of candidates.
- E. Raw scores should not be reported except under one or more of the following circumstances:
 - Only one form of the assessment instrument is to be offered
 - Scores on one form will not be compared with scores on another form
 - Raw or percentage scores on all forms are comparable, or
 - Raw or percentage scores are reported in a context that supports intended interpretations.
- F. When scaling scores, the stability of the score scale should be checked periodically. When indicated, steps should be taken to minimize score misinterpretations. If a change to the assessment instrument or to the composition of the candidate population alters the meaning of

scores, it may be appropriate to rescale the scores to minimize confusion between the old and new scores, or in the absence of rescaling, to ensure that the differences between the old and new scores are clearly communicated to candidates and to other stakeholders.

- G. Certification programs should, whenever possible, conduct pilot studies prior to implementation of the adapted version of the assessment instruments. Field study research should be part of a program of ongoing maintenance and improvement. Tryout and field studies should be part of a larger research program to ensure comparability and quality of cross-cultural information on the assessment instruments.
- H. Suggested evidence to document that the Standard has been met may include:
- A description of the methods used to determine that different forms of an assessment instrument measure equivalent content and ensure that candidates are not disadvantaged for taking a form of the assessment instrument that varies in difficulty from another form
 - An equating and scaling report

Standard 16

The certification program must develop and adhere to appropriate, standardized, and secure procedures for the development and administration of the assessment instruments. The fact that such procedures are in force should be published.

Essential Element:

- A. Assessment instruments must be administered securely, using standardized procedures that have been specified by the certification program sponsor.

Commentary:

- A. Non-standardized administration procedures may adversely influence scores as well as the inferences drawn from these scores. When administration procedures deviate from the expected, such irregularities must be thoroughly documented.
- B. Chief examiners and proctors should be thoroughly trained in proper administration of the assessment instruments in an effort to minimize the influence of test administration on scores. Similarly, all candidates should have equal access to preparatory materials and instructions available from the sponsor.
- C. Certification programs are responsible for protecting the integrity of assessment information. This responsibility requires a security program that restricts access to assessment information to authorized personnel.
- D. Administration sites should offer similar conditions, such as adequate lighting, comfortable seating, and an environment free from noise and other distraction.
- E. Suggested evidence to document that the Standard has been met may include:
- Candidate handbook or similar document
 - Chief examiner and/or proctor manual
 - Quality control policy and procedures documents
 - Security procedures manual

Standard 17

The certification program must establish and document policies and procedures for retaining all information and data required to provide evidence of validity and reliability of the assessment instruments.

Essential Element:

- A. Policies and procedures must ensure that items and forms of the assessment instruments are stored in a medium and method that emphasizes security, while being accessible to authorized personnel. Such policies must not only describe procedures for a secure system but also address actions required of personnel.

Commentary:

- A. Policies should establish a time period for retention of physical or electronic copies of forms of the assessment instruments and of reports and analyses related to the development process. The documents may be used in matters relating to challenges concerning scores, validity, or other essential issues. Documentation of the secure retention of assessment instruments and development information (e.g. cut score studies, technical reports) must be provided as part of the NCCA Application Accreditation. Note here how this information is securely maintained.
- B. Suggested evidence to document that the Standard has been met should include policy and procedures documents.

Standard 18

The certification program must establish and apply policies and procedures for secure retention of assessment results and scores of all candidates.

Essential Element:

- A. Organizational policy must determine the length of time that assessment results will be retained.

Commentary:

- A. Organizational policy concerning the length of time that assessment results will be retained and score reports provided should be stated clearly in information provided to candidates.
- B. Certification program policy should prevent assessment results and other personal information from the candidate's file being provided to a third party without the candidate's documented permission. The policy should be stated in information provided to candidates.
- C. Suggested evidence to document that the Standard has been met should include policy and procedures documents.

RECERTIFICATION

Standard 19

The certification program must require periodic recertification and establish, publish, apply, and periodically review policies and procedures for recertification.

Essential Elements:

- A. The published policy must contain a statement of the basis and purpose for recertification and all recertification requirements.
- B. The rationale for the recertification time interval must be included in the policy.
- C. Recertification policies and procedures in handbooks, guides, and/or electronic media must be published and made available to certificants and the public.

Commentary:

- A.. The goals of recertification can differ for different organizations. Examples might include: to assess core knowledge and skills; to assess knowledge and skills in specific areas of practice; to encourage continued professional development; to ensure maintenance of competence; to promote lifelong learning; etc. An organization's recertification policy should clearly state the purpose of recertification.
- B. An explanation of consequences for the certificant when recertification requirements are not met should be provided.
- C. In the case of a certification program involving a proprietary product or service, the proprietor may describe recertification on the basis of a systemic process of upgrading the product or service in connection with steps taken to withdraw technical support provided by the proprietor for the previous version of the product.
- D. Suggested evidence to document the Standard has been met should include renewal policy and procedure documents and a candidate handbook.

Standard 20

The certification program must demonstrate that its recertification requirements measure or enhance the continued competence of certificants.

Essential Element:

- A. If the purpose of recertification is to *measure* continued competence of certificants, then the certification program must substantiate the validity and reliability of the assessment instruments used to measure continued competence.
- B. If the purpose is to *enhance* continued competence of certificants, then the certification program must demonstrate how the policy contributes to professional development of the individual certificant.

Commentary:

- A. If an assessment method is used (e.g. self-assessment, third-party assessment, peer review, up to date version of the initial certification exam, portfolio), then the application and documentation must include an explanation of the validity and reliability of the assessment or process.
- B. If the enhancement method is used (e.g. continuing education, mentoring, clinical skills or practice improvement modules, institutional or web-based learning), then the application and

documentation must include the applicant's rationale for how the method(s) supports the professional development and enhances the competence of the certificant (e.g. how an enhancement method is related to an individual certificant's needs assessment; how the applicant evaluates the quality and relevance of the competency enhancement methods; whether the enhancement method includes a mechanism, such as a post-test, to assess whether certificant knowledge and/or practical skills have been enhanced.)

- C. Suggested evidence to document that the Standard has been met should include certification renewal policy and procedure documents and a candidate handbook.

MAINTAINING ACCREDITATION

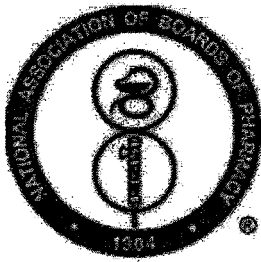
Standard 21

The certification program must demonstrate continued compliance to maintain accreditation.

Essential Elements:

- A. The certification program must annually complete and submit information requested on the current status of the certification agency and its programs.
- B. The certification program must report any change in purpose, structure, or activities of the certification program.
- C. The certification program must report any substantive change in examination administration procedures.
- D. The certification program must report any major change in examination techniques or in the scope or objectives of the examination.
- E. The certification program must submit any information NCCA may require to investigate allegations of lack of compliance with NCCA Standards.

EXHIBIT "4"



National Association of Boards of Pharmacy

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Web Site: www.nabp.net

nabp

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: April 24, 2008

RE: Technician Certification Examinations

A number of boards of pharmacy have once again contacted NABP requesting information for evaluating proposals for examinations that assess pharmacy technicians. To date, NABP has not received any information, from any source, concerning the validity or psychometric soundness of any technician examination beyond Pharmacy Technician Certification Board's (PTCB) Pharmacy Technician Certification Examination (PTCE).

NABP adheres to recognized and valid psychometric standards in preparing licensure and certification examinations, NAPLEX, MPJE, FPGEE and the recently introduced, Pharmacy Curriculum Outcomes Assessment (PCOA). NABP examined the PTCB's PTCE through a psychometric audit conducted in the fall of 2001. The audit determined that the PTCE is psychometrically sound, defensible, and valid. The methods used to construct the PTCE follow testing procedures recommended in the Standards for Educational and Psychological Tests (APA, NCME, AERA; 1999), guidelines published by the National Organization for Competency Assurance (NOCA), Council on Licensure, Enforcement, and Regulation (CLEAR). After NABP's independent assessment of the PTCE, NABP became a member of the PTCB Board of Governors pursuant to Resolution 96-1-2000, which directed NABP review existing technician assessment programs and in conjunction therewith, "develop a national competence assessment program to assess the competencies necessary for technicians to safely assist in the practice of pharmacy". NABP's partnership with PTCB generates revenue for the Association which is used to support services and programs for the boards of pharmacy.

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

April 24, 2008

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NCCA Accreditation

NABP fully supported PTCB seeking accreditation by the National Commission for Certification Agencies (NCCA). In 2007, the **PTCB Certification Program was accredited by NCCA which represents an independent audit by certification experts and ensures that PTCB's certification program adheres to current standards of practice in the certification industry.**

The following information details critical standards that must be addressed by any examination program in order for the examination to be valid and defensible.

Practice Analysis

Conducting a Practice Analysis is the first step of the examination validation process. Sometimes referred to as a Job or Task Analysis, the Practice Analysis is a survey, study, and determination to identify the knowledge and skills needed by entry level practitioners. The Practice Analyses conducted by NABP and PTCB for their examination and certification programs are always national studies that delineate the tasks engaged in by pharmacists and technicians and the criticality of those tasks to the protection of the public health. Follow-up questions would concern the time of the most recent Analysis, methodologies utilized, and final determinations. The Board should also request a copy of the most recent Practice/Job Analysis.

Test Blueprint/Specifications

The test blueprint is a detailed, written plan for a test that typically includes descriptions of the test's purpose and target audience; the content or performance areas it will cover; the number and types of questions to be written for each content or performance area, their scoring, and other characteristics; the test administration method; and desired psychometric characteristics of the items and the test. Test blueprints and competency statements should be developed using psychometrically sound procedures based upon the results of the national Practice Analysis. The test blueprint and competency statements should be readily provided and also distributed to the candidates upon request. The Board should be able to discern the relationship between the test blueprint and the Practice Analysis.

Item Writing Procedures

Technically sound and recognized testing standards for writing test questions or items should be employed. Item writers should be experts in the practice areas identified by the test specifications. Each item writer should undergo significant training, by item writing experts, as part of the item writing and validation process. The Board should request information about the item writing process, selection and qualification of items writers, and success of the item writing activities.

Exam Items and Questions

Test questions developed through the item writing process should be validated for use through intense content and practice expert review and field testing processes. Information about the item writers and item writing process should be provided as part of the regular reporting. Multiple-choice questions are recommended for licensure and certification examinations. True and false and fill-in-the blank questions are problematic and generally not recommended for use by test development experts.

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

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A sufficient item bank of questions is necessary in order for the examination to be robust and avoid overexposure of items. The Board should ask questions about all dimensions of the item pool and how items are field tested and selected for inclusion in examinations.

Description of Test Assembly Procedures

Test assembly procedures should follow sound psychometric standards and be regularly reported. An examination cannot be assembled without adhering to psychometric and content parameters. Any certification or licensure examination used by the Board to determine which candidates can practice or not, must demonstrate consistency between administrations, correlate to the passing score and Practice Analysis findings, and discriminate between candidates who perform well and candidates who perform poorly. The Board should ask prospective examination providers about how such objectives are achieved and about the construction of all examinations.

Number of Test Forms Used Per Administration

Some examinations offer a number of test forms at each administration to reduce the exposure of items and deter candidate cheating. Each test form should meet established testing standards and be assembled according to the test specifications. In order to maintain the number of test forms, robust item pools should be assembled, preferably containing many items the number of questions needed to assemble the desired number of test forms. A large item pool is especially necessary with a computer-administered examination because of the frequency of administration and the resulting need to avoid overexposure of items. The overexposure of items may lead to memorization of items by test takers and invalidation of the examination. The Board should inquire about the number of test forms, item exposure, security procedures for maintaining the examination forms, and all other matters related to the administration of the examination.

Description of Type of Scoring Used (ie, Criterion-referenced)

Psychometrically sound procedures should be followed to score and validate the examination. Certification examination scoring should be based upon a valid, established criterion-referenced passing score, which is established using accepted methods, and reviewed with each administration. The passing score is not determined by a percentage of items answered correctly nor does it relate to normative (bell-curve) performance. Carefully calibrated and monitored item and test specification statistics are used to guarantee that each and every examination administered within a program is of the same mean difficulty (within recommended standard errors of measurement). Another scoring process that is sometimes used is a straight percentage of questions answered correctly for every administration, without equating back to a base examination or previous examination. Under this process, test results from administration to administration or candidate to candidate cannot be compared. In addition, the assessment of a candidate's competence or performance could be completely different from one administration to the next. This method of test scoring is not recommended for high stakes licensure and certification examinations. The Board should receive information about the scoring, the rationale for the method used as well as how the pass score has been determined. The information should conform to all testing and psychometric standards and be presented in a clear manner.

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

April 24, 2008

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Item Analyses

The performance of test items should be analyzed according to established psychometric methods. Every newly written item should be pretested through administration to actual candidates before being included in the scored item pool. This process provides statistical data to determine if the new item meets the psychometric and content requirements for inclusion as a scored item, which will be used to determine a candidate's score in future administrations. Every item is constantly monitored for performance, using detailed item statistics, to ensure that it is performing as desired. Wide variations in performance will trigger that the item be reviewed and possibly removed from the scored item pool. Information about this process and adherence to all acceptable testing and psychometric standards should be made available to the Boards.

Reports

Passing Score

Reports should be issued to the Boards and to the public on the passing score and process for determining the passing score. The pass/fail statistics should be regularly reported to the Boards.

Technical

Technical reports should be issued periodically, preferably after every administration of the examination. The report should include, at a minimum, operational information about the administration, a description of the test assembly procedures, reliability and validity information, test equating methods, scoring tables and procedures, and statistical summary information.

Score Reports to Examinees and Others

Score reports provided to candidates and the Boards should be developed in conjunction with the boards and meet all testing and psychometric standards. If possible, diagnostic information should be available for failing candidates.

Security Policies and Procedures

Information about the policies and procedures as well as actual copies of the policies and procedures should be provided at various times and available upon request.

Test Provider Bylaws, Organizational Chart, Budget/Revenue Accounting Statements, Annual Reports

The test provider's Bylaws, organizational chart, budget/revenue accounting statements, and annual reports should be readily available upon request.

To promote and protect the public's health, safety, and welfare through the regulation of the practice of pharmacy is the mission of state boards of pharmacy and NABP. The use of psychometrically sound and valid licensure and certification examinations support this mission.

If you have any questions or comments regarding this matter you may contact me via phone at 847/391-4400 or via email at exec-office@nabp.net.

cc: NABP Executive Committee

EXHIBIT "5"

STEVEN S. NETTLES, EdD, being first duly sworn upon his oath, deposes and says:

1. He possess a doctorate degree in educational statistics and measurement and has performed professional assessment and applied research since 1972.

2. He is currently the Senior Vice President of the Psychometrics Division for Applied Measurement Professionals, Inc.

3. As Senior Vice President he provides team direction for client programs for certification and licensure; ensures psychometric integrity of certification and licensure examinations; advises client boards and committees; conducts state and national job analyses, item writing workshops, examination committee meetings, and validation and standard setting studies; prepares, monitors, and presents research and psychometric reports to clients; and reviews proposals and prepares cost estimates for credentialing programs.

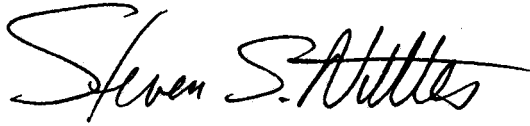
4. He is familiar with the Exam for the Certification of Pharmacy Technicians ("ExCPT") offered by the Institute for the Certification of Pharmacy Technicians ("ICPT").

5. ICPT adheres to recognized professional psychometric standards in preparing licensure and certification examinations. The methods used in constructing the ExCPT are consistent with the procedures recommended in the Standards for Educational and Psychological Tests (1999) promulgated by the APA, NCME, and the AERA.

6. Both the ExCPT and PTCE offered by the Pharmacy Technician Certification Board and approved by the National Association of Boards of Pharmacy are accredited by the National Commission for Certifying Agencies ("NCCA"). Thus, both exams have been reviewed by independent psychometric experts volunteering for the NCCA, and were judged consistent with the NCCA guidelines.

7. In summary, both the ExCPT and the PCTE were judged by independent psychometric experts to have substantial evidence of validity and job-relatedness.

FURTHER AFFIANT SAYETH NOT.

A handwritten signature in black ink, reading "Steven S. Nettles". The signature is written in a cursive style with a large initial "S" and a long horizontal stroke extending to the right.

STEVEN S. NETTLES, EdD

EXHIBIT "6"



National Association of Boards of Pharmacy

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nabp

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, Executive Director/Secretary

DATE: September 9, 2008

RE: Technician Certification Examinations

Recently you received an announcement from the Institute for the Certification of Pharmacy Technicians (ICPT) noting that their Exam for the Certification of Pharmacy Technicians (ExCPT) examination received accreditation from the National Commission for Certifying Agencies (NCCA). That announcement and requests from ICPT to appear before various boards of pharmacy and gain recognition of the ExCPT generated some questions to NABP. The most frequent question posed to NABP concerned NCCA accreditation.

As NABP noted in its April 2008 memorandum to the boards, accreditation by NCCA represents an audit by certification experts commissioned by the National Organization for Competency Assurance (NOCA) and ascertains that an accredited program adheres to accepted standards in the certification industry. States inquired if the NCCA accreditation awarded to ICPT's program was similar to the accreditation conferred on the Pharmacy Technician Certification Examination (PTCE) and certification program developed and administered by the Pharmacy Technician Certification Board (PTCB). The accreditations of both PTCB and ICPT are from NCCA. If states refer to NCCA accreditation as a means of recognizing certification programs for technicians then both programs would satisfy this requirement.

NABP was also asked if it had conducted an independent assessment of either program. NABP conducted an independent assessment of the PTCB certification program, which resulted in NABP's endorsement of the PTCB program. NABP's partnership with PTCB is pursuant to the action directed by the member boards in Resolution No. 96-1-2000. NABP's collaboration with PTCB also adheres to the restrictions placed upon NABP because of its educational and charitable designation (501 C-3) afforded NABP by the Internal Revenue Service. This designation restricts NABP's affiliations with for profit corporations. PTCB is a 501 C-6 organization.

If you have any questions or comments regarding this matter you may contact me via phone at 847/391-4400 or via e-mail at exec-office@nabp.net.

cc: NABP Executive Committee
Melissa Corrigan, PTCB
Rebecca Rabbit, ICPT

EXHIBIT "7"

<u>STATE</u>	<u>VOLUNTARY</u>	<u>REQUIRED</u> (TO INCREASE RATIO)	<u>REQUIRED</u>	<u>APPROVED</u>	<u>APPLYING</u>
ALABAMA		X			X
ALASKA	X				
ARIZONA			X		X
ARKANSAS	X				
CALIFORNIA			X ¹		X
COLORADO		X ²			X
CONNECTICUT		X		X	
DELAWARE	X ³				X
DC	X				
FLORIDA			X ⁴	X	
GEORGIA	X ⁵				

¹ Certification is one of five training requirements; any one of which must be met.

² Certification is one of three ways to increase technician ratio.

³ Certification is voluntary, but recognized.

⁴ If certified by NCCA accredited program are exempt from training program.

⁵ Although Georgia statute requires certification to increase ratios, the Georgia Board is insistent that certification is neither required or recognized.

<u>STATE</u>	<u>VOLUNTARY</u>	<u>REQUIRED (TO INCREASE RATIO)</u>	<u>REQUIRED</u>	<u>APPROVED</u>	<u>APPLYING</u>
HAWAII	X				
IDAHO	X				
ILLINOIS			X ⁶	X	
INDIANA			X ⁷	X	
IOWA			X ⁸	X	
KANSAS		X		X	
KENTUCKY	X ⁹				X
LOUISIANA			X		X
MAINE		X		X ¹⁰	
MARYLAND			X ¹¹	X	

⁶ Certification required beginning in 2010. NCCA accredited examinations approved in Illinois.

⁷ Certification is one of two training requirements; either of which must be met.

⁸ Required beginning in 2010. NCCA accredited examinations approved in Iowa.

⁹ Required to increase scope of duties.

¹⁰ Approved under previous name.

¹¹ Certification is one of two training requirements; either one of which must be met.

<u>STATE</u>	<u>VOLUNTARY</u>	<u>REQUIRED (TO INCREASE RATIO)</u>	<u>REQUIRED</u>	<u>APPROVED</u>	<u>APPLYING</u>
MASSACHUSETTS			X	X	
MICHIGAN	X				
MINNESOTA		X		X	
MISSISSIPPI	X				
MISSOURI	X				
MONTANA			X	X	
NEBRASKA	X				
NEVADA	X			X	
NEW HAMPSHIRE	X			X	
NEW JERSEY	X ¹²			X	
NEW MEXICO			X	X	
NEW YORK	X				
NORTH CAROLINA		X			X

¹² Must complete approved training program

<u>STATE</u>	<u>VOLUNTARY</u>	<u>REQUIRED (TO INCREASE RATIO)</u>	<u>REQUIRED</u>	<u>APPROVED</u>	<u>APPLYING</u>
NORTH DAKOTA	X				
OHIO	X				
OKLAHOMA	X				
OREGON			X	X	
PENNSYLVANIA	X				
RHODE ISLAND			X	X	
SOUTH CAROLINA		X		X	
SOUTH DAKOTA	X				
TENNESSEE		X		X	
TEXAS			X		X
UTAH			X	X	
VERMONT	X				

<u>STATE</u>	<u>VOLUNTARY</u>	<u>REQUIRED (TO INCREASE RATIO)</u>	<u>REQUIRED</u>	<u>APPROVED</u>	<u>APPLYING</u>
VIRGINIA			X ¹³	X	
WASHINGTON			X	X	
WEST VIRGINIA	X				
WISCONSIN	X				
WYOMING		X			X

¹³ One of two requirements; one of which must be met.

Connecticut Board Minutes

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**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
COMMISSION OF PHARMACY
July 26, 2006**

10:00 a.m. The regular meeting of the Commission of Pharmacy was called to order by Chairman Summa. The meeting was held in Room #126 of the State Office Building located at 165 Capitol Avenue, Hartford, CT 06106.

Commissioners Present:

Steve Beaudin	Edith G. Goodmaster
Robert Guynn, R.Ph.	William Summa, Jr., R.Ph.
Frederick Vegliante, R.Ph.	

- Commissioner Jean Mulvihill was not in attendance.

Staff Present:

Michelle Sylvestre, R.Ph. [Drug Control Agent/Board Administrator]

Others Present:

John Astles	Erica Baker
Katie Boyne	Chris Castillo
Sandra Daniell	Dave Doiron
Jamie Durkin	Barbara M. Ferguson
Carolyn Gelineau	Mariana Gjonaj
Judith Jorgensen	Juliette J. Kim
Robert Kovalchik	Mimi Liu
Gina Maurina	George Pappas
Janice Pare	Jennifer Ruda
Chris Ryan	Zelma Woodson
Michael H. Wright	

Interview of Reciprocity Candidates

The following candidates were sworn in and interviewed by the Commissioners. Various questions were asked of the individual candidates. A few of the questions were as follows:

1. Why do you want to be licensed in Connecticut?
2. What are Connecticut's requirements for continuing education?
3. Have you ever had a problem with drugs and/or alcohol?

PAGE 2647

4. Have you ever been before a Board of Pharmacy in the past?

the Commission of Pharmacy could not license just the prescription department as the licensed pharmacy premise in establishments where currently the entire premise is the licensed pharmacy.

- The Commission of Pharmacy stated that licensing just the prescription department as the licensed pharmacy premise in establishments where currently the entire premise is the licensed pharmacy will eliminate the need for "partial closing" approvals since the pharmacy would be open only when a Connecticut licensed pharmacist was present and in direct charge.

Commission Action: The Commission of Pharmacy will entertain applications to license just the prescription department as the licensed pharmacy premise. If the Commission of Pharmacy approves such an application, the business establishment will have to:

1. obtain a non-legend drug permit to sell non-legend drug items.

PAGE 2652

2. consider issues with signage so as not to imply that the entire premise is the pharmacy.

Commissioner Robert Guynn presented his report regarding the equivalency of the ExCPT examination to the PTCB examination.

Commission Action: Commissioner Beaudin moved, seconded by Commissioner Goodmaster and passed by a vote of (5-0) to accept the ExCPT examination as an equivalent to the PTCB examination for a two-year probationary period. The Commission of Pharmacy will:

1. monitor the progress of the ExCPT examination and
2. re-evaluate BOTH the ExCPT and PTCB examinations after one year.

Attorney Schwane informed the Commission of Pharmacy that he received 8 new cases from the Drug Control Division since the June 28, 2006 Commission of Pharmacy meeting.

- 4 prescription error cases
- 2 pharmacy/pharmacy manager – unregistered pharmacy technicians, pharmacy technician ratios, controlled substance records not on pharmacy premise
- 1 pharmacy exceeded maximum number of allowed emergency closings
- 1 confidentiality case

Request for CE Program Approval

"Interdisciplinary and Technological Prevention of Controlled Substance

Florida Statute Recognizing NCCA Accredited Programs

Florida

Fla. Stat. § 465.014:

²**Note.**--Section 4, ch. 2008-216, amended subsection (2), as added by s. 3, ch. 2008-216, effective January 1, 2011, to read:

(2) Any person who wishes to work as a pharmacy technician in this state must register by filing an application with the board on a form adopted by rule of the board. The board shall register each applicant who has remitted a registration fee set by the board, not to exceed \$50 biennially; has completed the application form and remitted a nonrefundable application fee set by the board, not to exceed \$50; is at least 17 years of age; and has completed a pharmacy technician training program approved by the Board of Pharmacy. Notwithstanding any requirements in this subsection, any registered pharmacy technician registered pursuant to this section before January 1, 2011, who has worked as a pharmacy technician for a minimum of 1,500 hours under the supervision of a licensed pharmacist or received certification as a pharmacy technician by certification program accredited by the National Commission for Certifying Agencies is exempt from the requirement to complete an initial training program for purposes of registration as required by this subsection.

Illinois Statute Recognizing NCCA Accredited Programs

Illinois Compiled Statutes

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PROFESSIONS AND OCCUPATIONS

(225 ILCS 85/) Pharmacy Practice Act.

Sec. 9.5. Certified pharmacy technician.

(a) An individual registered as a pharmacy technician under this Act may receive certification as a certified pharmacy technician, if he or she meets all of the following requirements:

(1) He or she has submitted a written application in the form and manner prescribed by the Board.

(2) He or she has attained the age of 18.

(3) He or she is of good moral character, as determined by the Department.

(4) He or she has (i) graduated from pharmacy technician training meeting the requirements set forth in subsection (a) of Section 17.1 of this Act or (ii) obtained documentation from the pharmacist-in-charge of the pharmacy where the applicant is employed verifying that he or she has successfully completed a training program and has successfully completed an objective assessment mechanism prepared in accordance with rules established by the Board.

(5) He or she has successfully passed an examination accredited by the National Organization of Certifying Agencies, as approved and required by the Board.

(6) He or she has paid the required certification fees.

(b) No pharmacist whose license has been denied, revoked, suspended, or restricted for disciplinary purposes may be eligible to be registered as a certified pharmacy technician.

(c) The Board may, by rule, establish any additional requirements for certification under this Section.

(eff. 10-29-07.)

Indiana Board Minutes

INDIANA BOARD OF PHARMACY

**Indiana Professional Licensing Agency
Conference Center Room W064
402 W. Washington St.
Indianapolis, IN 46204**

MINUTES OF March 10, 2008

CALL TO ORDER & ESTABLISHMENT OF QUORUM

President and Presiding Officer William Cover called the meeting to order at 9:19 a.m. in Conference Center Room W064 of the Indiana Government Center-South, 402 West Washington Street, Indianapolis, Indiana 46204, and declared a quorum, in accordance with IC § 25-26-13-3.

Board Members Present:

William Cover, R.Ph., President
Del T. Fanning, R.Ph., Vice President
Steve Anderson, R.Ph., Member
Donna Wall, PharmD., R.Ph, Member
Winnie Landis, R.Ph., Member
Sara St. Angelo, PharmD, R.Ph., Member
Anika Calloway, J.D., Member

Board Members not in attendance:

State Officials Present:

Marty Allain, Board Director, Indiana Professional Licensing Agency
Tasha Coleman, Case Manager/Temporary Asst. Dir., Indiana Professional Licensing Agency
Gordon White, DAG, Advisory Counsel, Office of the Attorney General

A motion was made and seconded to adopt the agenda, as amended with the addition of a discussion regarding compounding under old/new business.

Wall/St. Angelo

Motion carried 7/0/0

A motion was made and seconded to amend the February Minutes to reflect the following:

Board changed the word "require" to "recommend" regarding the motion on the McKesson personal appearance.

Board clarified that it approves the EXCPT pharmacy technician program.

The motion also adopted the minutes of the February 11, 2008 meeting of the Board.

Wall/St. Angelo

Motion carried 7/0/0

Reports were given by the Compliance Officers.

Wedgewood Pharmacy representatives appeared before the board regarding its nonresident pharmacy renewal applications. A motion was made and seconded approve the renewal application.

Wall/St. Angelo

Motion carried 7/0/0

Iowa Board Minutes and Administrative Rules

State of Iowa
Board of Pharmacy

RiverPoint Business Park
400 S.W. Eighth Street, Suite E, Des Moines, Iowa 50309-4688
<http://www.state.ia.us/ibpe>

Telephone: (515) 281-5944 Facsimile: (515) 281-4609

BOARD MEMBERS

EDWARD L. MAIER, R. Ph.
Mapleton

SUSAN M. FREY, R. Ph.
Villisca

MARGARET WHITWORTH
Cedar Rapids

LEMAN E. OLSON, R. Ph., Mason City
Chairperson

LLOYD K. JESSEN, R. Ph., JD., West Des Moines
Executive Director

BOARD MEMBERS

DEEANN WEDEMEYER OLESON, Pharm. D
Guthrie Center

ANN DIEHL
Osceola

VERNON H. BENJAMIN, R. Ph.
Argyle

MINUTES

June 3-4, 2008

The Iowa Board of Pharmacy met on June 3-4, 2008, in the conference room at 400 SW Eighth Street, Des Moines, Iowa. Chairperson Olson called the meeting to order at 9:20 a.m.

MEMBERS PRESENT

Leman E. Olson, Chairperson
Annabelle Diehl
Susan M. Frey
Edward L. Maier
DeeAnn Wedemeyer Oleson
Peggy M. Whitworth

MEMBERS ABSENT

Vernon H. Benjamin, Vice-Chair

SPEAKERS

Emily Dykstra, IPRN
Rebecca Rabbitt, ICPT
Kate Puetz, IPA
Phil Burgess, Walgreens
Fred Brinkley, Medco

STAFF PRESENT

Lloyd Jessen, Executive Director
Scott Galenbeck, Esq., Assistant Attorney
General
Therese Witkowski, Executive Officer
Debbie Jorgenson, Administrative Assistant
Becky Hall, Secretary

Compliance Officers Present:

Bernie Berntsen
Dennis Dobesh
Jean Rhodes
Jennifer O'Toole
Jennifer Tiffany
Jim Wolfe (was absent on 6/4/08)
Roger Zobel

I. Introductions.

Annabelle Diehl and Edward Maier were introduced and welcomed as new Board members.

ADDENDUM A

**CHAPTER 3, PHARMACY TECHNICIANS
RULES APPROVED FOR FILING
NOTICE OF INTENDED ACTION AND
APPROVED FOR EMERGENCY
ADOPTION EFFECTIVE 7/9/2008
JUNE 3-4, 2008**

CHAPTER 3, PHARMACY TECHNICIANS
RULES APPROVED FOR FILING NOTICE OF INTENDED ACTION AND
APPROVED FOR EMERGENCY ADOPTION EFFECTIVE 7/9/2008
JUNE 3-4, 2008

Amend rules 657—3.1(155A), 3.5(155A), and 3.10(155A) as follows:

657—3.1(155A) Definitions. For the purposes of this chapter, the following definitions shall apply:

"Board" means the Iowa board of pharmacy.

"Cashier" means a person whose duties within the pharmacy are limited to accessing finished, packaged prescription orders and processing payments for and delivering such orders to the patient or the patient's representative.

"Certified pharmacy technician" or "certified technician" means an individual who holds a valid current national certification ~~from the ICPT or the PTCB~~ and who has registered with the board as a certified pharmacy technician. The term includes an individual registered with the board who voluntarily acquired certification as provided in subrule 3.5(2).

"Delivery" means the transport and conveyance of a finished, securely packaged prescription order to the patient or the patient's caregiver.

~~*"ExCPT"* means the Exam for the Certification of Pharmacy Technicians developed and administered by the ICPT.~~

~~*"ICPT"* means the Institute for the Certification of Pharmacy Technicians.~~

"Nationally accredited program" means a program and examination for the certification of pharmacy technicians that is accredited by the NCCA.

"NCCA" means the National Commission for Certifying Agencies.

"Nuclear pharmacy technician" means a person who is employed in Iowa by a licensed nuclear pharmacy under the responsibility of an Iowa-licensed qualified nuclear pharmacist to assist in the technical functions of the practice of pharmacy pursuant to 657—Chapter 16.

"Pharmacy technician" or "technician" means a person who is employed in Iowa by a licensed pharmacy under the responsibility of an Iowa-licensed pharmacist to assist in the technical functions of the practice of pharmacy, as provided in rules 3.22(155A) through 3.24(155A).

"Pharmacy technician certification" or "national certification" means a certificate issued by a national pharmacy technician certification authority ~~approved by the board~~ accredited by the NCCA attesting that the technician has successfully completed the requirements of the certification program. The term includes evidence of renewal of the national certification. "National certification," as that term relates to a nuclear pharmacy technician working exclusively in an Iowa-licensed nuclear pharmacy, shall be as defined in rule 657—16.2(155A).

"Pharmacy technician trainee" or "technician trainee" means an individual who is in training to become a pharmacy technician and who is in the process of acquiring national certification as a pharmacy technician as provided in rule 3.5(155A).

"Pharmacy technician training" or "technician training" means education or experience acquired for the purpose of qualifying for and preparing for national certification.

~~*"PTCB"* means the Pharmacy Technician Certification Board.~~

"Supervising pharmacist" means an Iowa-licensed pharmacist who is on duty in an Iowa-licensed pharmacy and who is responsible for the actions of a pharmacy technician or other supportive personnel.

"Supportive personnel" means a person, other than a licensed pharmacist, a registered pharmacist-intern, or a registered pharmacy technician, who may perform nontechnical duties assigned by the pharmacist under the pharmacist's supervision, including delivery, billing, cashier, and clerical functions.

657—3.5(155A) Certification of pharmacy technicians. Prior to July 1, 2010, the certification and recertification of pharmacy technicians shall be voluntary and not mandatory. Beginning July 1, 2010, the certification of pharmacy technicians shall be required as provided by this rule. National certification does not supplant the need for licensed pharmacist control over the performance of delegated functions, nor does national certification exempt the pharmacy technician from registration pursuant to these rules.

3.5(1) Voluntary certification prior to July 1, 2010. An individual who holds a valid current national certification from the Institute for the Certification of Pharmacy Technicians (ICPT) or the Pharmacy Technician Certification Board (PTCB) and who acquired such certification prior to July 1, 2010, shall be deemed to have met the requirement for national certification beginning July 1, 2010, provided the certification is maintained in current standing.

3.5(2) Approved pharmacy technician Required certification effective July 1, 2010. The board hereby approves the PTCB. Beginning July 1, 2010, a pharmacy technician shall acquire national certification through any NCCA-accredited pharmacy technician certification program and examination, the successful completion of which fulfills the requirement for national certification. The board also approves the ICPT certification program and ExCPT, the successful completion of which fulfills the requirement for national certification. National certification of a nuclear pharmacy technician employed solely in the practice of nuclear pharmacy shall be pursuant to certification requirements identified in 657—Chapter 16.

3.5(2) 3.5(3) Pharmacy technician trainee. Beginning July 1, 2009, a person who is in the process of acquiring national certification as a pharmacy technician shall register with the board as a pharmacy technician trainee. The registration shall be issued for a period of one year and shall not be renewed.

3.5(3) 3.5(4) Certified pharmacy technician. Beginning July 1, 2010, all applicants for a new pharmacy technician registration, except as provided by subrule 3.5(2) 3.5(3), and all applicants for renewal of a pharmacy technician registration shall provide proof of current national pharmacy technician certification and shall complete the application for certified pharmacy technician registration.

657—3.10(155A) Registration fee. The following fees for initial registration and registration renewal shall apply to the specified registration applications filed within the following time frames. The appropriate fee shall be submitted with the registration application in the form of a personal check, certified check or cashier's check, or a money order payable to the Iowa Board of Pharmacy.

3.10(1) Registration prior to July 1, 2009. The fee for obtaining an initial technician registration, for obtaining an initial certified pharmacy technician registration, or for renewal of a technician or certified technician registration prior to July 1, 2009, shall be \$40 plus applicable surcharge pursuant to rule 657—30.8(155A).

3.10(2) Registration effective beginning July 1, 2009. The fee for obtaining an initial certified pharmacy technician registration or for biennial renewal of a certified pharmacy technician registration beginning July 1, 2009, shall be \$50 plus applicable surcharge pursuant to rule 657—30.8(155A).

3.10(3) Technician trainee registration effective beginning July 1, 2009. The fee for a one-year pharmacy technician trainee registration shall be \$20 plus applicable surcharge pursuant to rule 657—30.8(155A).

Kansas Board Minutes

KANSAS STATE BOARD OF PHARMACY

MINUTES OF THE MEETING

September 12 & 13, 2006
Hayden Office Building
212 SW 8th
Conference Room
Topeka, KS 66612

Tuesday, September 12, 2006

MEMBERS PRESENT: Max Heidrick, RPh., President; JoAnne Gilstrap, RPh., Vice President; Merlin McFarland, R.Ph., Dr. Shirley Arck, Pharm.D.; Michael Coast, R.Ph., and Howard Paul, Public Member.

STAFF PRESENT: Debra Billingsley, Executive Secretary; Jim Kinderknecht, RPh., Pharmacy Inspector; Tom Frazier, R.Ph., Pharmacy Inspector; Melissa Martin, Compliance Officer; and Randall Forbes, General Counsel.

OTHERS PRESENT: See attached listing.

MEETING CALLED TO ORDER: Max Heidrick called the meeting to order at 9:00 a.m.

APPROVAL OF AGENDA. A motion was made and seconded to approve an amended agenda with the addition of an executive session to discuss personnel issues. (Coast/Gilstrap) Motion carried 5-0.

APPROVAL OF JUNE MINUTES A motion was made and seconded to approve the June 2006 minutes. (Arck/Coast). Motion carried 5-0.

PEDIGREE SUMMARY REPORT

Josh Bolin, the NABP Governmental liason summarized the outcome of the Pedigree and Wholesale Licensure Task Force Meeting that was held on September 11, 2006. Josh facilitated the meeting of approximately 30 attendees. Josh discussed the impact of the PDMA and reviewed the changes that were made to the original draft. He also reviewed the criminal penalties. The changes should make the distribution process tighter and addresses areas that the PDMA does not. The time frames of implementation should be left to the Board as well as making the language flexible enough to deal with future changes that are not contemplated at this time. Josh will work with Randy Forbes and the Executive Director with drafting a bill that notes the changes made by the task force. Another meeting will be scheduled for October or November so that final revisions can be made.

also provided copies of the independent audit that was done by Danna Hammer, R.Ph., Ph.D. The Board discussed the costs of the tests and the requirements.

The Board received a letter from Brian M. Meyer, M.B.A., the Director of Government Affairs Division of the American Society of Health-System Pharmacists along with attachments including a memorandum from Mary A. Dickson, Assoc. Executive Director of NABP endorsing the PCTB. ASHP expressed opposition to the ExCPT based on policy adopted by the Board of Directors. Jim Lichauer, R.Ph. and Kirk Starr R.Ph. were also present at the meeting representing the Kansas Society of Health-System Pharmacists. They reiterated that the Board should not approve the ExCPT until the Board conducts a comprehensive review of the ICPT certification process.

A motion was made and seconded that the Board approve the PCTB and the ICPT as certification bodies of pharmacy technician national certification (McFarland/Paul). Motion carried 5-0.

STAFF REPORTS

The Executive Director advised the Board that the Board of Nursing and the Board of Healing Arts had conducted a joint meeting on September 11, 2006. Reyne Kenton had attended the meeting portion that related to proposed legislation that would require fingerprinting and criminal history record checks of their licensees. The Board of Pharmacy will follow this legislation.

The Board had received a request for interpretation of a regulation regarding the requirement that each registered pharmacy have a current copy of the Kansas Pharmacy Practice Act. (KAR 68-2-12a). The question was whether a hard copy of the law book was required. This issue was discussed at the Midwest Pharmacy Conference and Iowa is requiring a hard copy. The regulation states that the library shall be either immediately accessed by computer or printed therefore the Board interprets this to mean that a pharmacy does not have to have a hard copy if they have the law book readily accessible on the Internet and can bring it up during an inspection.

BOARD REPORTS

Max Heidrick provided the Board with copies of a bill that is going to be submitted for the 2007 legislative session by the Board of Healing Arts. The bill will amend K.S.A. 65-2837a and will delete the language that requires a prescription order for any amphetamine or sympathomimetic to indicate in the licensee's or mid level practitioner's own handwriting the diagnosis. The diagnosis will still be required but it won't have to be in the practitioner's own hand-writing. The Board of Pharmacy supports the legislation and will follow the bill during the session.

PUBLIC HEARING ON PROPOSED REGULATIONS

KANSAS STATE BOARD OF PHARMACY

MINUTES OF THE MEETING

March 6 & 7, 2007
KU School of Pharmacy
Malott Hall
Room 6056
Lawrence, Kansas 66615

Tuesday, March 6, 2007

MEMBERS PRESENT: Max Heidrick, RPh., President; JoAnne Gilstrap, RPh., Vice President; Merlin McFarland, R.Ph., Dr. Shirley Arck, Pharm.D.; and Michael Coast, R.Ph.

STAFF PRESENT: Debra Billingsley, Executive Secretary; Jim Kinderknecht, RPh., Pharmacy Inspector; Carly Haynes, R.Ph., Pharmacy Inspector; Tom Frazier, R.Ph. Pharmacy Inspector; Melissa Martin, Compliance Officer; Reyne Kenton, Compliance Officer; and Randall Forbes, General Counsel.

OTHERS PRESENT: See attached listing.

MEETING CALLED TO ORDER: Max Heidrick called the meeting to order at 9:45 a.m.

WELCOME TO DEAN OF KU SCHOOL OF PHARMACY

The Board thanked Dean Ken Audus for hosting the meeting at the KU School of Pharmacy.

WELCOME AND INTRODUCTION OF NEW PHARMACY INSPECTOR

The Board was introduced to new pharmacy inspector, Carly Haynes, R.Ph. Carly is over Southeast Kansas and the Wichita area and is a welcome addition to the Board of Pharmacy staff.

APPROVAL OF AGENDA. A motion was made and seconded to approve an amended agenda. The agenda was amended to add discussion of K.A.R. 68-7-14 regarding labels; the Unused Medications Bill; HB 2531 regarding Wholesale Distributor Licenses; Telepharmacy regulations and HB 2530 regarding Consumer Protection laws; Dighton Drug Case No. 06-74 and Margaret Cameron, Pharmacy Technician Application review. (Coast/Gilstrap) Motion carried 4-0.

APPROVAL OF DECEMBER BOARD MINUTES A motion was made and seconded to approve the December 2006 minutes. (Arck/Coast). Motion carried 4-0.

Pharmacy Inspector; Reyne Kenton, Compliance Officer; Melissa Martin, Compliance Officer; and Randall Forbes, General Counsel.

OTHERS PRESENT: See Attached listing

MEETING CALLED TO ORDER:

Max Heidrick called the meeting to order at 9:00 a.m.

WELCOME TO NEW BOARD MEMBER

The Board welcomed new Board member, Nancy Kirk. Ms. Kirk is replacing Howard Paul as the public member on the Board.

ADJOURNMENT: Mr. Heidrick adjourned the meeting for public hearing at 9:00 a.m.

PUBLIC HEARING:

K.A.R. 68-5-16 RATIO OF PHARMACY TECHNICIANS TO PHARMACISTS.

The Board office received correspondence from NACDS expressing concerns with the regulation as it related to the national certification of technicians. The letter was provided to the Board. Becca Baugher, Pharm.D.ANP of CardinalHealth requested clarification regarding the intent of the regulation as it related to training programs and whether the Board had approved any other programs other than PTCB. The Board advised that PTCB and ICPT had both been approved by the Board. The Board heard comments from Jody Lewis, Pharmacy Supervisor for CVS related to the issue of requiring two technicians to maintain national certification in order for the ratio to be raised. Ms. Lewis stated that the regulation was more stringent than the current regulation and would put a burden on pharmacies with the requirement that two individuals be nationally certified. There is already a shortage of help and the regulation amendment as written places a burden on retail pharmacies. The Board discussed this issue and determined that the Board had compromised by requiring two pharmacy technicians be nationally certified in order to raise the ratio because there were some board members who felt that all three should be certified.

MEETING CALLED TO ORDER

President Heidrick, R.Ph. called the meeting back to regular session.

A motion was made and seconded to adopt regulation KAR 68-5-16. (McFarland/Arck). A roll call vote was taken as follows: Nancy Kirk – Yes; Shirley Arck, Pharm.D. – Yes; JoAnne Gilstrap, R.Ph., – Yes; Merlin McFarland. R.Ph., – Yes; Mike Coast, R.Ph. – Yes. Regulation passed unanimously.

ADJOURNMENT

President Heidrick, R.Ph. adjourned the meeting for public hearing at 9:10 a.m.

Maine Administrative Rules¹

¹ ICPT and ExCPT were previously approved in Maine under the names of their successor entity, National Community Pharmacy Technician Training Program and National Pharmacy Technician examination, respectively. ICPT is in the process of updating this information in Maine.

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**392 MAINE BOARD OF PHARMACY****Chapter 7: REGISTRATION AND EMPLOYMENT OF PHARMACY TECHNICIANS**

Summary: This chapter sets forth the qualifications, permissible duties and supervision responsibilities of the pharmacist in charge with respect to registered pharmacy technicians.

1. Registration**1. Application**

The pharmacy technician shall complete the application supplied by the board and provide such other information as the board may require, along with the fee required by Chapter 10 of the rules of the Department of Professional and Financial Regulation, Office of Licensing and Registration, entitled "Establishment of License Fees." Applications will not be considered for approval until they are complete. Incomplete applications will be returned to the applicant.

2. Qualifications

The applicant shall supply verification of licensure or registration for all states in which the applicant has at any time been licensed or registered as a pharmacy technician. The board may refuse to register and may refuse to renew the registration of an applicant:

- A. Whose pharmacy technician license or registration has been denied, revoked, suspended or restricted in any jurisdiction for disciplinary reasons; or
- B. Who has been convicted of a crime involving controlled substances. This restriction is subject to consideration and waiver by the board upon presentation of satisfactory evidence that the conviction does not impair the ability of the person to conduct, with safety to the public, the duties of a pharmacy technician.

[NOTE: The effect of a criminal conviction on an applicant's eligibility for registration is governed generally by the Occupational License Disqualification on Basis of Criminal Record law, 5 M.R.S.A. §5301 et seq.]

An applicant who meets the qualifications of pharmacy technician (advanced) as defined in Chapter 1, Section 29 of the board's rules shall be registered as such by the board.

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Part 1-General Information

02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**392 MAINE BOARD OF PHARMACY****Chapter 1: DEFINITIONS**

Summary: As used in the board's rules, unless the context otherwise indicates, the following words have the following meanings:

[NOTE: Additional definitions are found in 32 M.R.S.A. §13702.]

1. **Authorized person.** An "authorized person" is a person other than a pharmacy technician (e.g., computer technician, bookkeeper) who the pharmacist in charge has designated to be present in the prescription filling area in the absence of a pharmacist pursuant to Chapter 13, Section 6(7).
2. **Authorized pharmacy technician.** An "authorized pharmacy technician" is a pharmacy technician authorized by the pharmacist in charge to be present in the prescription filling area during the absence of a pharmacist pursuant to Chapter 13, Section 6(7).
3. **Biological safety cabinet.** "Biological safety cabinet" is a containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment, according to NSF International Standard 49, "Class II (Laminar Flow) Biohazard Cabinetry" (February 14, 2003), which the board hereby incorporates into its rules by reference. A copy of Standard 49 is available from-

NSF International
P.O. Box 130140
789 N. Dixboro Road
Ann Arbor, MI 48113-0140
4. **Blood.** "Blood" is whole blood collected from a single donor and processed either for transfusion or further manufacturing.
5. **Blood component.** "Blood component" is that part of blood separated by physical or mechanical means.
6. **Central fill drug outlet.** "Central fill drug outlet" is a drug outlet that prepares prescription drug orders for dispensing pursuant to a valid prescription transmitted to it by a retail drug outlet, rural health center or free clinic; or by a dispensary, hospital pharmacy, extended care facility, boarding home, nursing home, drug abuse treatment center, penal institution, family

-
28. **Practice setting.** "Practice setting" includes, but is not limited to, the place, area, site, or manner in which the practice of pharmacy may normally occur or transpire.
29. **Pharmacy technician (advanced).** "Pharmacy technician (advanced)" is a pharmacy technician who has demonstrated to the board that he/she:
- (1) Holds the designation of Certified Pharmacy Technician (CPhT) issued by the Pharmacy Technician Certification Board, and has maintained the certification in full force and effect; or
 - (2) Has successfully completed the National Community Pharmacy Technician Training Program and passed the corresponding National Pharmacy Technician examination.
30. **Prescription filling area.** "Prescription filling area" is the area used for compounding prescription legend drugs, for storing all drugs and devices which may be sold by prescription only, and for any other activities necessary to the practice of pharmacy.
31. **Printout.** "Printout" is a hard copy produced by computer that is readable without the aid of any special device.
32. **Retail drug outlet.** "Retail drug outlet" is:
- (1) A drug outlet located in a retail store; or
 - (2) A specialty drug outlet not located in a retail store, including but not limited to a nuclear drug outlet or a drug outlet that compounds sterile pharmaceuticals, that dispenses a drug upon a prescription drug order for a specific patient.
33. **Sight-readable.** "Sight-readable" refers to a record that may be read from a computer screen, microfiche, microfilm, printout, or other method approved by the Board.
34. **Sterile pharmaceutical.** "Sterile pharmaceutical" is a dosage form free from living microorganisms (aseptic).
35. **Stop date.** "Stop date" is the length of time to administer medication. In institutional settings, the physician normally notes the length of time to administer medication on the drug order. In the absence of this notation, the policy of the institution shall determine the length of time various categories of drugs may be administered.
36. **Wholesale distribution.** "Wholesale distribution" is the distribution of prescription drugs by wholesale distributors to persons other than consumers or patients, but does not include:
- (1) Intracompany sales, which include any internal sales transaction or transfer with any division, subsidiary, parent and affiliated or related company under the common ownership and control as the transferor;

Maryland Regulations

*10.34.34.04***.04 Registration Requirements.**

A. An applicant currently certified by a national pharmacy technician certification program shall:

- (1) Submit to the Board a signed completed application on a form provided by the Board;
- (2) Submit to the Board evidence of current certification by a national pharmacy certification program;
- (3) Pay a fee as set forth in COMAR 10.34.09; and
- (4) Submit a request for a State Criminal History Records check.

B. An applicant that does not qualify under §A of this regulation shall:

- (1) Submit to the Board a signed completed application on a form provided by the Board;
- (2) Be 17 years old or older;
- (3) Meet the following educational requirements:
 - (a) Be a high school graduate or have attained a high school equivalency diploma;
 - (b) Be enrolled and in good standing at a high school; or
 - (c) Meet the requirements of §C of this regulation;
- (4) Provide satisfactory proof to the Board of the applicant's successful completion of a pharmacy technician training program approved by the Board that:
 - (a) Is no longer than 6 months duration; and
 - (b) Includes 160 hours of work experience;
- (5) Pass an examination approved by the Board as set forth in Regulation .06 of this chapter;
- (6) Pay a fee as set forth in COMAR 10.34.09; and
- (7) Submit a request for a State Criminal History Records check.

C. An applicant who does not meet the requirements of §A or B of this regulation shall:

- (1) Submit to the Board a signed application on a form provided by the Board;
- (2) Comply with the age requirements as set forth in §B of this regulation;
- (3) Provide written verification from the pharmacy permit holder that the applicant has worked in the pharmacy area of a pharmacy operated by the same pharmacy permit holder continuously since January 1, 2006;
- (4) Provide written verification from the pharmacist who has supervised the applicant for at least 6 months that the applicant has performed competently;
- (5) Pay a fee as set forth in COMAR 10.34.09; and

Massachusetts Approved Certification Examinations

**Pharmacy Technician Training Programs / Pharmacy Technician Assessment Examinations and
National Pharmacy Technician Certification Examinations Approved by the Massachusetts Board
of Registration in Pharmacy**

**Pharmacy Technician Training Programs & Pharmacy Technician Assessment Examinations
Approved by the Massachusetts Board of Registration in Pharmacy**

A&P and Super Foodmart (Approved 10/1/02)
Pharmacy Technician Training Program
419 Cooley Street
Springfield, MA 01128

Accredo Therapeutics (Approved 1/16/04)
Pharmacy Technician Training Program & Assessment Examination
165 Forest Street, Suite 120
Marlborough, MA 01752

Albertson's Inc. (Approved 4/23/02)
Albertson's Pharmacy Technician Assessment Examination
3030 Cullerton Drive
Franklin Park, IL 60131

Ameridose, LLC (Approved 3/29/07)
Pharmacy Technician Assessment Examination
50 Fountain Street
Framingham, MA 01702

Baystate Medical Center (Approved 7/9/02)
Pharmacy Technician Assessment Examination, Versions 1-4
Chestnut Street
Springfield, MA 01199

Benjamin Franklin Institute of Technology (Re-approved 11/27/07)
Pharmacy Technician Training Program
41 Berkeley Street
Boston, MA 02116

Beth Israel Deaconess Medical Center Pharmacy Dept. (Approved 11/08/02)
Pharmacy Technician Assessment Examination
330 Brookline Ave.
Boston, MA 02115

Beverly Hospital Pharmacy Department (Approved 7/1/02)
Pharmacy Technician Assessment Examination, Version A & B
85 Herrick Street
Beverly, MA 01915

Brigham and Women's Hospital (Approved 5/13/03)
Pharmacy Technician Assessment Examination
75 Francis Street
Boston, MA 02114

Children's Hospital (Approved 11/8/02)
Pharmacy Technician Assessment Examination
300 Longwood Ave.
Boston, MA 02115

Walgreens Corporation
Pharmacy Technician Training Program & Assessment Examination (Approved 2/6/03)
200 Wilmot Road
Deerfield, IL 60015

Wal-Mart Stores Inc. (Approved 4/30/07)
Pharmacy Technician Training Program & Pharmacy Technician Assessment Examination
702 S.W. 8th Street
Bentonville, AR 72712-0230

National Pharmacy Technician Certification Examinations Approved by the Massachusetts Board of Registration in Pharmacy

Pharmacy Technician Certification Board (PTCB)
2215 Constitution Avenue, NW
Washington, DC 20037-2985

Exam for the Certification of Pharmacy Technicians (ExCPT) (Approved 8/8/06 - retroactive to 10/1/05)
Institute for the Certification of Pharmacy Technicians (ICPT)
1816 Woodmark Road
St. Louis, MO 63131

ⁱ MA Proprietary Schools are privately owned and operated post-secondary schools that are required to be licensed with the MA Department of Education's Office of Proprietary Schools. A list of schools that are licensed to operate in MA can be found at:
<http://www.doe.mass.edu/ops/licensure/listings.html>.

ⁱⁱ On September 25, 2005, the Massachusetts Independent Pharmacists Association (MIPA) became the repository for the Massachusetts Pharmacists Association (MPHA) Board-approved Pharmacy Technician Assessment Examination (Versions 1-4)

Updated: March 20, 2008

Minnesota Board Minutes

Minnesota Board of Pharmacy

SEVEN HUNDRED AND SEVENTY-FIFTH MEETING

At 8:30 a.m., May 10, 2006, the Minnesota Board of Pharmacy met in Conference Room A, at the University Park Plaza Building, 2829 University Avenue Southeast, Minneapolis, Minnesota, for the purpose of conducting a general business meeting. All members of the Board were in attendance. Also in attendance were the Board's Executive Director, Dr. Cody Wiberg, and Board of Pharmacy staff, Mr. Stuart Vandenberg, Mr. Leslie Kotek, Ms. Candice Fleming and Ms. Patricia Eggers. Board President Vern Kassekert called the meeting to order.

The Board first reviewed and approved the agenda. Mr. Gary Schneider moved and Mr. Thomas Dickson seconded that the agenda be approved. The motion passed.

The Board next discussed the minutes of the meeting of March 29, 2006. Mr. Gary Schneider moved and Ms. Kay Hanson seconded that the minutes of the meeting of March 29, 2006 be approved. The motion passed.

There was no quasi judicial session at this board meeting.

Mr. Bruce Thompson next discussed his experience at Fairview Northland Pharmacy in Princeton regarding their 24-hour service that went into effect in January of 2006. The Stillwater and Red Wing Hospitals joined the Princeton Hospital in the 24 hours service. No formal action was taken.

The Board was next informed of the need for the Board of Pharmacy to reduce its staff due to budgetary issues. No formal action was taken.

The Board next turned its attention to applications for new pharmacies. The first application was submitted on behalf of USDRUGS.COM, 68 3505 9th Street South, Moorhead, Minnesota 56560, by Pharmacist-in-charge Peter Lee. After carefully reviewing this application and a diagram of the proposed pharmacy and after much discussion the Board deferred the application and asked that Mr. Lee attend the next Board meeting to discuss the application.

The second application for a new pharmacy was St. Luke's Oncology Pharmacy, 1001 Superior Street, Duluth, Minnesota 55805, by temporary pharmacist-in-charge Mike Dudzik. After carefully reviewing this application and a diagram of the proposed pharmacy and after much discussion, Mr. Carleton Crawford moved and Ms. Betty Johnson seconded the denial of the application due to the fact that it does not meet the square footage requirement and because the Board does not feel it meets the current standards of practice. The motion passed.

The Board next turned its attention to reports from its standing committees.

The Board first addressed the report from the Continuing Education Advisory Task Force. Dr. Wiberg presented the Board with a list of continuing education programs submitted

Dr. Wiberg next presented a variance request from MeritCare Health System in Fargo relating to providing a prescript service to MeritCare Kelliher Clinic. Ms. Betty Johnson moved and Mr. Thomas Dickson seconded to grant the variance for an additional six months with a recommendation that they install a telepharmacy. (The six month variance is granted in order to allow for a transition to a telepharmacy). The motion passed.

Dr. Wiberg next presented a variance request from MeritCare Health System in Fargo relating to providing a prescript service to MeritCare Cass Lake Clinic. Mr. Gary Schneider moved and Ms. Betty Johnson seconded to deny with a recommendation that they install a telepharmacy. The motion passed.

Dr. Wiberg next presented a variance request from Ivanhoe Family Pharmacy that allows them to stock prepackaged medications at the Divine Providence Clinic in Minnesota. Ms. Betty Johnson moved and Mr. Thomas Dickson seconded to grant the variance for an additional six months with a recommendation that they install a telepharmacy. (The six month variance is granted in order to allow for a transition to a telepharmacy). The motion passed.

Dr. Wiberg next presented a variance request from Thrifty White Drug #722 in Marshall that allows the pharmacy to supply prepackaged medications to the Balaton Clinic. Ms. Betty Johnson moved and Mr. Thomas Dickson seconded to grant the variance for an additional six months with a recommendation that they install a telepharmacy. (The six month variance is granted in order to allow for a transition to a telepharmacy). The motion passed.

Mr. Gary Boehler from Thrifty White Drug next gave a presentation regarding an examination for the certification of pharmacy technicians from the Institute for the Certification of Pharmacy Technicians, as an alternative to certification through the Pharmacy Technician Certification Board (PTCB). Mr. Boehler is requesting that the Board recognize the ICPT as a certification for technicians. (Which has implications for the pharmacist/technician ratio). Mr. Gary Schneider made a motion and Ms. Kay Hanson seconded that the Board of Pharmacy formally acknowledge the ICPT be an acceptable form of certification for the state of Minnesota. The motion passed.

Mr. Boehler next presented the Board with policies and procedures regarding telepharmacy. The Board deferred a decision on this presentation until the June, 2006 meeting.

Dr. Wiberg next presented the Board with information regarding a federal law that recently went into effect and that conflicts with the State's substitution statute. Ms. Betty Johnson moved and Mr. Thomas Dickson seconded that the staff of the Board of Pharmacy not enforce those sections of M.S. 151.21 that are in conflict with the federal law and that the Board propose to the legislature a change in statute to address the conflict. The motion passed.

Dr. Wiberg next presented the Board with information regarding compounding pharmacy issues. No formal action was taken at this time.

Dr. Wiberg next informed the Board that NABP is looking for volunteers to serve on the Association's committees and task forces in 2006-2007.

Montana Board Minutes

**BOARD OF PHARMACY
FULL BOARD MEETING
301 S. PARK AVENUE, HELENA, MT
4th Floor CONFERENCE ROOM
October 30, 2007
1:00 PM – 5:00 PM
October 31, 2007
9:00 AM – 4:00 PM
OPEN AGENDA**

AMERICANS WITH DISABILITIES ACT:

The Department of Labor and Industry is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Board office prior to the proposed meeting date for further information.

CALL TO ORDER:

Presiding Officer, Mark Meredith, RPh, called the meeting to order at 1:00 p.m.

ROLL CALL:

MEMBERS PRESENT:

Mark Meredith, RPh, James Cloud, CPhT, Jim MacKenzie, RPh, Bill Burton, RPh, Colette Bernica, Public Member and Ann Pasha, Public Member.

DLI STAFF:

Ronald Klein, RPh, Executive Director, Bill Sybrant, RPh, Board Inspector, Anjeanette Christensen, Prosecuting Attorney, Mike Fanning, Board Counsel, and Evie Martin, Program Manager.

Ronald Klein, RPh, was introduced as the new Executive Director for the Board of Pharmacy and welcomed. Mike Fanning was introduced as the new Board Counsel for the Board of Pharmacy and welcomed. Ms. Anjeanette Christensen is now the Prosecuting Attorney for the Board.

OTHERS PRESENT:

Visitors and guests were present at various times through the meeting. Sign-in sheets are kept on file.

PUBLIC COMMENT STATEMENT/PRIVACY STATEMENT:

In accordance with 2-3-103(1), MCA, the Board will hold a public comment period. Please note that Open Forum is the public's opportunity to address the Board on any topic that is not already on the agenda for this meeting. While the Board

over five year will be at that discretion of the Executive Director and the legal counsel; "one misdemeanor will be at the discretion of the Executive Director and legal counsel but more than one will be reviewed by the Board." All felonies with a discharge date within the last five years will be reviewed by the Board. It was suggested to present a report to the Board a list of non-routine applications that were approved in the office and the reason. The final draft of this policy will be presented to the Board at the next meeting.

AGENDA ITEM #9:

Request from University of Washington School of Pharmacy Harborview Medical Center Orthopedic Clinic:

Myra Romack, RPh, of the Harborview Medical Center Orthopedic Clinic, was available via the telephone for the Board's discussion. The Harborview Medical Center is requesting to provide pain medication to patients that have been treated at Harborview Medical Center's Orthopedic Clinic but live in the state of Montana. It will require a collaborative practice agreement, renewed annually with a licensed Montana medical practitioner.

AGENDA ITEM #10:

Utilization of Secured Will-Call Bin Technology Follow-up:

The Board approved the Utilization of Secured Will-Call Bin Technology as a pilot project at the October 23-24, 2006 meeting. A six month report was required once it was installed. The letter receive from Debbie Mack, RPh, Director of the Pharmacy at Wal-Mart, claimed that the Helena Wal-Mart Pharmacy site was chosen but the address given was for Missoula, Montana. The Board requested that Mr. Fanning write a letter to clarify the location, clarify that only refill prescriptions are dispensed, the exact location in the pharmacy and include the quality assurance manual. This item will be placed on the next Board meeting.

AGENDA ITEM #11:

(A) ExCPT Approval Discussion:

(B) Request from Mary McHugh, RPh, Director Pharmacy Technology Training Program:

Becki Rabbit, RPh, and Mary McHugh, RPh, were present for the Board's discussion. The Board has reviewed the information about the ExCPT, a certified pharmacy technician examination at the two previous Board meetings. It was suggested at the last meeting that Jim Cloud, CPhT, and Mary McHugh, RPh, take the ExCPT examination. The ExCPT follows the National Certifying Crediting Agency (NCCA) guidelines for preparation and certification for the exam and will be seeking accreditation as soon as they eligible. The exam is offered at \$95 with nine test locations are available in the state and will be offered over 300 days per year. Mary McHugh, RPh, addressed the Board that there should only be one standard accredited examination for technicians. Jim Cloud, CPhT, commented on the ExCPT examination that he took and thought it was a good valid examination pertaining to basic technician duties.

MOTION #22 The Board moved to approve the ExCPT examination for the technicians. Bill Burton, RPh, made the motion and it was seconded by Colette Bernica, Public Member. The motion passed unanimously.

The Board agreed that both tests will be provided and will review this issue at a later date.

AGENDA ITEM #12:

Pharmacists' requirements to Dispense Response from Frances Carlson:

Colette Bernica, Public Member, requested to be recused from the Board's discussion. Ms. Kori Depner, RPh, was available for the Board's discussion via the telephone. At the previous meeting of the Board Ms. Frances Carlson addressed the Board as a member of the public that she has reasonable expectations to have a legal prescription filled at a pharmacy. She has sent another letter to the Board summarizing her understanding from the meeting. She has requested that the Board correct any misconceptions and if she does not hear from the Board, she would assume her understandings are correct. The Board agreed that this letter was not an accurate summary of the overall Board position. The Board stated nobody has the right to say if you do not respond to me, I will assume my understandings are essentially correct. The Board agreed that there is not an obligation to respond on a point by point basis and correct the comments. The Board's record speaks for itself. The Board did not agree with the statement "On a number of occasions the board has addressed the issue of whether or not a pharmacist can refuse to dispense oral contraceptives based on his or her religious beliefs" as this has not been discussed numerous times. The Board agreed to have Mike Fanning, Board Counsel, send a response to Ms. Carlson stating that the Board does not find this to be accurate, send a copy of the approved minutes and let her know that a recording is available

AGENDA ITEM #13:

John Bruton, RPh#2826:

Mr. Ron Napierala, Administrator MIPP Program, was available for the Board's discussion via the telephone. Mr. Milton Datsopoulos, Mr. Bruton's attorney, was notified by a letter dated October 23, 2007, that this issue would be heard at this meeting. There has not been a response. A letter received from Mr. Napierala regarding Mr. John Bruton informing the Board that he has completed his MIPP contract as of October 10, 2007. The review of the Stipulation 9(a) "The licensee shall be subjected to random urinalysis for a minimum of 1 year through the MIPP" and it was determined that the licensee needs to petition the Board to amend this Final Order. A letter will be sent to Mr. Bruton requiring him to petition the Board for completion of the MIPP requirement but he will still under his Stipulation.

Nevada Board Minutes

BOARD MEETING

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

June 4 and 5, 2008

The meeting was called to order at 10:30 a.m. by Barry Boudreaux Board President.

Board Members Present:

Barry Boudreaux
Ray Seidlinger
Mary Lau

Keith Macdonald
Donald Fey

Leo Basch
Chad Luebke

Board Members Absent:

Board Staff Present:

Larry Pinson

Jeri Walter

Louis Ling

Keith Marcher

CONSENT AGENDA

1. Approval of April 16-17, 2008, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Ancillary Management Solutions, Inc. – Franklin, TN
 - B. Doctor Diabetic Supply, Inc. – Miami, FL
 - C. InfuSystem, Inc. – Madison Heights, MI
 - D. McKesson Medical-Surgical Minnesota Supply Inc. – Kansas City, MO
 - E. Nipro Diabetes Systems, Inc. – Miramar, FL
 - F. Support Plus Medical, Inc. – Davie, FL

Applications for Out-of-State Pharmacy – Non Appearance:

- G. Affinity Biotech – Omaha, NE
- H. Animal Rx Pharmacy – Edwardsville, KS
- I. Apothecary Shop of Deer Valley – Phoenix, AZ
- J. Omnicare of Nebraska – Omaha, NE

will also be a pre-opening inspection fee for MDEG providers that move from one facility to another.

President Boudreaux opened the Workshop to the public.

There was no comment.

President Boudreaux closed the Workshop and asked for direction.

Board Action:

Motion: Ray Seidlinger moved to move forward to Public Hearing after striking ASC's from the language since they are already categorized as IB.

Second: Keith Macdonald

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.240 Requirements for registration of pharmaceutical technicians.** Adding ICPT to Pharmaceutical Technician Training

This language just adds another certification avenue for pharmaceutical technicians.

President Boudreaux opened the Workshop for public comment.

Liz Macmenamin thanked the Board for this regulation.

President Boudreaux closed the Workshop and asked for direction.

Board Action:

Motion: Ray Seidlinger moved to move forward to Public Hearing.

Second: Leo Basch

Action: Passed Unanimously

3. **Amendment of Nevada Administrative Code 639.2971 Authorization; contents of and deviation from written protocol.** Changes Regarding Pharmacist Immunizations.

This language generalizes the concept for a pharmacist to give immunizations. It also lowers the age to allow pharmacists to immunize children from 14 to 10 years of age.

President Boudreaux opened the Workshop for public comment.

BOARD MEETING

Las Vegas Chamber of Commerce
Turnberry Town Square
6671 Las Vegas Boulevard, South
Building D, Suite 300
Las Vegas

July 16 and 17, 2008

The meeting was called to order at 9:00 a.m. by Barry Boudreaux Board President.

Board Members Present:

Barry Boudreaux
Ray Seidlinger
Mary Lau

Keith Macdonald
Donald Fey

Leo Basch
Chad Luebke

Board Members Absent:

Board Staff Present:

Larry Pinson

Jeri Walter

Louis Ling

Nancy Savage

CONSENT AGENDA

1. Approval of June 4-5, 2008, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Arthrowave Medical Technologies, LLC – Sparks, MD
 - B. Discount Diabetic, LLC – Phoenix, AZ
 - C. US Med Inc. – Miami, FL

Applications for Out-of-State Pharmacy – Non Appearance:

- D. Apothecary Shop of Chandler – Tempe, AZ
- E. Clark's Pharmacy – Carefree, AZ
- F. Corporate Pharmacy Services, Inc. – Gadsden, AL
- G. Guided Alliance Pharmacy, Inc. – Dana Point, CA
- H. MasterPharm, LLC – Richmond Hill, NY
- I. OmniCare of Pueblo – Pueblo, CO
- J. ShopKo Pharmacy #2086 – Provo, UT
- K. Treasure Coast Pharmacy – Jensen Beach, FL

President Boudreaux opened the Public Hearing.

There was no comment.

President Boudreaux closed the Public Hearing and asked for a motion.

Board Action:

Motion: Keith Macdonald moved to adopt as presented.

Second: Leo Basch

Action: Passed Unanimously

2. **Amendment of Nevada Administrative Code 639.240 Pharmaceutical Technician Certification Changes** This language will allow a second certification board or institute to certify pharmaceutical technicians to practice in the State of Nevada.

President Boudreaux opened the Public Hearing.

There was no comment.

President Boudreaux closed the Public Hearing and asked for a motion.

Board Action:

Motion: Ray Seidlinger moved to adopt as presented.

Second: Don Fey

Action: Passed Unanimously

3. **Amendment of Nevada Administrative Code 639.2971, 639.2972, 639.2973 and 639.2975 Immunizations** These changes will change the age of patients that may be immunized by pharmacists and allow the protocol for a physician to set limitations.

Louis Ling and Larry Pinson noted that with this new language a pharmacist could immunize any age. Doctors can still order immunizations and pharmacists can administer them. Mr. Ling made all the changes as directed from the last meeting. Larry Pinson reminded the Board that Nevada has one of the lowest rates of immunization in the nation.

President Boudreaux opened the Public Hearing.

New Hampshire Registration Form



State of New Hampshire
Board of Pharmacy
57 Regional Drive
Concord, NH 03301-8518
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

REGISTRATION FEE:

\$25.00

MAKE CHECK PAYABLE TO:
NH BOARD OF PHARMACY

PHARMACY TECHNICIAN REGISTRATION FORM

April 1, 2008 - March 31, 2009 Registration Period

ALL SECTIONS **MUST** BE COMPLETED.

USE A TYPEWRITER OR PRINT CLEARLY IN BLACK OR BLUE INK ONLY. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last
Mailing Address				
City	State	Zip Code	Home Phone ()	Date of Birth (MM/DD/YY) / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		Are You <u>Currently</u> Certified By The National Pharmacy Technician Certification Board (PTCB) or by the Institute for the Certification of Pharmacy Technicians (ICPT)?	<input type="checkbox"/> Yes* <i>"If Yes, you <u>must</u> attach a copy of your <u>current</u> PTCB or ICPT Certificate.</i> <input type="checkbox"/> No
Have you ever been known under any other name (i.e. Maiden Name)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list:				

2. CURRENT PHARMACY EMPLOYMENT

Name Of Pharmacy Which You Are Currently Employed	Date Of Hire As A Pharmacy Technician (MM/YY) /
Complete Address Of Pharmacy	

3. REGISTRATION / LICENSURE AS A PHARMACY TECHNICIAN

Are you now or have you ever been registered or licensed as a pharmacy technician in NH or any other state? ☐ Yes* ☐ No
*If yes, indicate which state(s), and whether or not the registration/licensure is current.

4. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

• Have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.
• Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.
• Have you ever been convicted of a felony as defined under any state or federal law?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.
• Are you presently charged with the commission of any such felony?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.
• Have you ever voluntarily surrendered your pharmacy technician registration in this or any other state or jurisdiction?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	* If Yes, Attach Explanation.

Please explain each yes answer (additional information may be listed on back)

5. APPLICANT'S STATEMENT

I certify that I am the person described and identified in this application; that I have read Ph 800 of the NH Code of Administrative Rules, available at each licensed pharmacy and online at www.nh.gov/pharmacy/techinfo.html; and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy technician in the State of New Hampshire.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED.
YOUR 2008-2009 REGISTRATION CERTIFICATE WILL BE ISSUED WITHIN 2 WEEKS OF RECEIPT OF COMPLETED APPLICATION.

ONCE RECEIVED, YOUR CERTIFICATE MUST BE POSTED OR KEPT ON FILE AT YOUR PHARMACY
OF EMPLOYMENT & PRESENTED TO STATE PHARMACY INSPECTORS UPON REQUEST.

New Jersey Board Minutes

**NEW JERSEY STATE BOARD OF PHARMACY
OPEN SESSION MINUTES JUNE 14, 2006**

I. CALL TO ORDER

The open meeting of the New Jersey Board of Pharmacy was called to order by Board President Pamela Allen in the Somerset Room, 6th floor at 124 Halsey Street, Newark, New Jersey on June 14, 2006 at 9:13 a.m. All members were duly notified of the time and place and all pertinent materials had been provided.

II. SUNSHINE LAW ANNOUNCEMENT

Pamela Allen read a statement that the newspapers and appropriate elected officials had been notified of the meeting according to the requirements of the Open Public Meetings Act N.J.S.A. Chapter 231, PL 1975,/C. 10:4-18.

III. ROLL CALL

Pamela Allen, R.Ph President
Edward McGinley, R.Ph Vice-President
Jennifer Barron Government Member
Thomas Bender, R.Ph
Peter Halecky, R.Ph.
Elvy T. Paiva, R.Ph
Axel Miranda Public Member Arrived 9:18 a.m.
Margherita Lafragola, R.Ph.
Thomas Egan, Pharm.D

OTHERS IN ATTENDANCE:

Joanne Boyer Executive Director
Marianne Greenwald Deputy Attorney General
Susan Flores Principal Clerk
Kiran Shamlall Clerk Typist

EXCUSED:

Marc Sturgill, Pharm. D

**IV. SECRETARY'S REPORT AND RECOMMENDATION FOR
REGISTRATION BY RECIPROCITY, EXAMINATION AND GRADE
TRANSFER**

Elvy Paiva moved, seconded by Jennifer Barron, to accept the Secretary's Report and Recommendation for Registration by Reciprocity. The motion passed unanimously.

V. CONTINUING EDUCATION REPORT

Jennifer Barron moved, seconded by Thomas Egan, to accept the Continuing Education Report of June 14, 2006. The motion passed unanimously.

VI. VIOLATIONS PAID FOR THE MONTH OF MAY

Edward McGinley moved, seconded by Peter Halecky, to accept the Violations Paid report for the month of May, 2006. The motion passed unanimously.

VII. OLD BUSINESS

1) Ken Schafermeyer, Ph.D., Professor and Director of Graduate Studies, St. Louis College of Pharmacy, St. Louis MO – Regarding certification program as stated in NJSA 45:14 – 80.e(2) This item was last before the Board on 4/26/06 at which time the Board requested the number of applicants who have taken the exam and became certified, the organizational structure of the entity that oversees this program and a response to the letter ASHP sent to the Connecticut Board of Pharmacy

Elvy Paiva moved, seconded by Peter Halecky, to approve the Pharmacy Technician Training Program and the ExCPT exam offered by the ICPT as a New Jersey approved technician certification program. The motion passed 8 to 1.

New Mexico Board's Technician
Home Page, New Mexico
Regulations and Letter from Board
Executive Director

Search RLD's site

**New Mexico
Regulation & Licensing
Department**

New Mexico Board of Pharmacy

Pharmacy Technicians

[Pharmacy Technician Statute](#)

[Pharmacy Technician Regulation](#)

[Pharmacy Technician Application](#)

Pharmacy Technicians currently can become certified through PTCB or through ExCPT

[Pharmacy Technician Certification Board \(PTCB\)](#)

[Institute for the Certification of Pharmacy Technicians \(ExCPT\)](#)

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New Mexico Regulation and Licensing Department

New Mexico Board of Pharmacy

5200 Oakland Avenue NE, Suite A - Albuquerque, New Mexico 87113

(505) 222-9830 - Fax (505) 222-9845 - Toll Free (800) 565-9102

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 19 PHARMACISTS
PART 22 SUPPORT PERSONNEL AND PHARMACY TECHNICIANS

16.19.22.1 ISSUING AGENCY: Regulation and Licensing Department-Board of Pharmacy, (505) 841-9102.
[16.19.22.1 NMAC - Rp, 16 NMAC 19.22.1, 06-27-2001]

16.19.22.2 SCOPE: All Pharmacy technicians and non-technicians supportive personnel, supervising pharmacists and pharmacists in charge of entities that utilize supportive personnel.
[16.19.22.2 NMAC - Rp, 16 NMAC 19.22.2, 06-27-2001]

16.19.22.3 STATUTORY AUTHORITY: Section 61-11-6-(A) NMSA 1978 authorizes the Board of pharmacy to register and regulate qualifications, training and permissible activities of pharmacy technicians.
[16.19.22.3 NMAC - Rp, 16 NMAC 19.22.3, 06-27-2001]

16.19.22.4 DURATION: Permanent.
[16.19.22.4 NMAC - Rp, 16 NMAC 19.22.4, 06-27-2001]

16.19.22.5 EFFECTIVE DATE: June 27, 2001, unless a later date is cited at the end of a section.
[16.19.22.5 NMAC - Rp, 16 NMAC 19.22.5, 06-27-2001]

16.19.22.6 OBJECTIVE: The objective of Part 22 of Chapter 19 is to promote responsive delivery of pharmaceutical products and services to the public by establishing standards for training and supervision of support personnel and limitations on their use.
[16.19.22.6 NMAC - Rp, 16 NMAC 19.22.6, 06-27-2001]

16.19.22.7 DEFINITIONS:

A. **"Pharmacy Technician"** means a person who, under the supervision of a licensed pharmacist, performs repetitive tasks not requiring the professional judgement of a pharmacist. This includes assisting in various technical activities associated with the preparation and distribution of medications.

(1) **"Certified Pharmacy Technician"** means a Pharmacy Technician who has completed the training and certification outlined in 16.19.22.9 NMAC and is registered by the Board of Pharmacy and maintains current certification.

(2) **"Non-certified Pharmacy Technician"** means a Pharmacy Technician who is in process of completing the training and education outlined in 16.19.22.9 NMAC and is registered by the Board of Pharmacy.

B. **"Support Personnel"** means pharmacy personnel other than pharmacy technicians, which may include clerks, typists, secretaries and delivery personnel, who under the supervision of a pharmacist, may perform clerical duties associated with the practice of pharmacy, but no including the duties restricted to only a pharmacist, pharmacist intern, or pharmacy technician.

C. **"Supervision"** means that the pharmacist shall observe and direct to a sufficient degree to assure the accurate completion of the activities of the pharmacy technicians and must provide a final check of all aspects of the prepared product and document the final check before dispensing.
[16.19.22.7 NMAC - Rp, 16 NMAC 19.22.7, 06-27-2001]

16.19.22.8 PERMISSIBLE ACTIVITIES: permissible activities of appropriately trained pharmacy technicians, under the supervision of a pharmacist, include, but are not limited to the following:

A. The preparation, mixing, assembling, packaging and labeling of medications and sterile products; and

B. Filling of a prescription or medication order including counting, pouring, labeling or reconstituting medications; and

C. Duties and tasks not requiring the use of professional judgement as defined in 16.19.4.7 NMAC.

[16.19.22.8 NMAC - Rp, 16 NMAC 19.22.8, 06-27-2001]

16.19.22.9 TRAINING AND EDUCATION

A. The pharmacist-in-charge shall ensure that the pharmacy technician has completed initial training which includes:

(1) Federal and State laws and regulations that affect pharmacy practice. Specific regulations which address the use of supportive personnel and technicians;

(2) Ethical and professional standards of practice;

B. A total of 220 hours of on-the job or board approved training and education is required within the first year of registration in the following areas.

(1) Medical and pharmaceutical terminology, symbols and abbreviations used in the practice of

pharmacy and components of a prescription;

- (2) Pharmaceutical calculations necessary for the preparation and dispensing of drug products;
- (3) Manufacturing, preparation, packaging, labeling and proper storage of drug products;
- (4) Dosage forms and routes of administration; and
- (5) Trade and generic names for medications frequently dispensed by the pharmacy.
- (6) Applicants failing to complete training and education within one year may petition the Board for a one

time extension

C. If the duties of the technician will include the preparation of sterile products then, in addition to the training and education requirements listed in 16.19.22.9.3 NMAC, the technician will complete training outlined in 12 NMAC 19.6.11 (2).

D. A written record of training and education will be maintained by the pharmacy and contain the following:

- (1) Name of person receiving the training;
- (2) Date(s) of the training;
- (3) Description of the topics covered;
- (4) Names of the person(s) who provided the training; and
- (5) Signature of the technician and the pharmacist-in-charge. Education and training records will be

maintained by the pharmacy for a minimum of three years after resignation or termination of the technician.

E. All Technicians are required to obtain Board approved certification within one year of registration with the Board as a Technician.

[16.19.22.9 NMAC - Rp, 16 NMAC 19.22.9, 06-27-2001]

16.19.22.10 RATIO OF TECHNICIANS TO PHARMACISTS

A. The permissible ratio of pharmacy technicians to pharmacists on duty is 4-1. Support personnel are not included in this ratio.

B. The ratio may be increased if the pharmacy submits to the Board of Pharmacy a protocol for increased ratios and the Board approves the protocol.

[16.19.22.10 NMAC - Rp, 16 NMAC 19.22.10, 06-27-2001]

16.19.22.11 IMPROPER ACTIVITIES OF PHARMACY TECHNICIANS

A. The supervising pharmacist and the pharmacist-in-charge are responsible for the actions of pharmacy technicians. Performing tasks outside the limits of the regulations shall constitute unprofessional conduct on the part of the pharmacist and the pharmacist-in-charge.

B. In Accordance with section 61-11-20 NMSA 1978 a pharmacy technicians registration may be revoked, denied, or suspended for grounds stated in section 61-11-20(A).

[16.19.22.11 NMAC - Rp, 16 NMAC 19.22.11, 06-27-2001]

16.19.22.12 IDENTIFICATION OF PHARMACY PERSONNEL: All personnel in pharmacy restricted area shall wear an identification badge which must include name and job title.

[16.19.22.12 NMAC - Rp, 16 NMAC 19.22.12, 06-27-2001]

16.19.22.13 (RESERVED)

[16.19.22.13 NMAC - Rp, 16 NMAC 19.22.13, 06-27-2001]

16.19.22.14 REGISTRATION OF PHARMACY TECHNICIANS

A. Application (and required registration fee) shall be submitted to the Board within 10 days.

B. Registration for pharmacy technicians will expire annually on the last day of their birth month and must be renewed prior to expiration.

[16.19.22.14 NMAC - Rp, 16 NMAC 19.22.14, 06-27-2001]

16.19.22.15 CHANGE OF ADDRESS: Pharmacy Technicians shall report in writing any change of address or employment to the Board within ten (10) days.

[16.19.22.15 NMAC - Rp, 16 NMAC 19.22.15, 06-27-2001]

HISTORY of 16.19.22 NMAC:

Pre-NMAC History:

Regulation 22, Supportive Personnel, filed 01/29/93.

History of Repealed Material:

16 NMAC 19.22, Supportive Personnel, filed 02/02/96.



STATE OF NEW MEXICO
REGULATION & LICENSING DEPARTMENT
BOARDS & COMMISSIONS DIVISION
Toney Anaya Building
2550 Cerrillos Road, Santa Fe, New Mexico 87504
Information Line: (505) 476-4500 • Fax: (505) 476-4665
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Bill Richardson
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Financial Institutions
Division
(505) 476-4885
Manufactured Housing
Division
(505) 476-4770
Securities Division
(505) 476-4580
Administrative Services
Division
(505) 476-4800

July 11, 2007

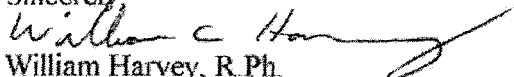
To Whom It May Concern:

The New Mexico Board of Pharmacy now recognizes two certification programs as part of the minimum training and education requirements for pharmacy technicians. PTCB (Pharmacy Technician Certification Board) and ExCPT (Exam for the Certification of Pharmacy Technicians.)

The Board conducted an evaluation of the ExCPT and determined it demonstrated the competency level the Board was requiring of pharmacy technician certification programs.

The Board is very pleased with the professional service that pharmacy technicians provide in the pharmaceutical industry. The approval of ExCPT, as the second certification process/exam recognized by the Board, enhances the opportunity for a technician-in-training to obtain their required certification within one-year of employment.

Sincerely,


William Harvey, R.Ph.
Executive Director/Chief Drug Inspector
New Mexico Board of Pharmacy

NEW MEXICO BOARD OF PHARMACY
5200 Oakland NE Suite A
ALBUQUERQUE, NM 87113
(505) 222-9830, 1-800-565-9102
Fax (505) 222-9845, www.rld.state.nm.us/pharmacy

Oregon Administrative Rule

The Oregon Administrative Rules contain OARs filed through December 15, 2008**BOARD OF PHARMACY****DIVISION 25****CERTIFIED PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS****855-025-0001****Transition from Registration of Technician to Licensure of Technician**

(1) Effective June 28, 2005, pharmacy technicians ceased to be registered and became licensed. As part of licensure, pharmacy technicians are now subject to disciplinary action by the Board and subject to specialized education and training requirements established by the Board. This rule provides a framework for the transition from registration to licensure.

(2) The existing Board file containing information on each registered pharmacy technician or applicant for registration as a pharmacy technician remains in effect when the registration program transitions to a licensure program. Pharmacy technicians and applicants need not resubmit application material or other information to the Board because of the transition to licensure unless the Board specifically requests resubmission. Complaints, investigations, renewal information, criminal history information and registration history information remain in effect and carry over into the licensing history for each pharmacy technician or applicant.

Stat. Auth.: 689.205

Stats. Implemented: 689.225

Hist.: BP 8-2005, f. 12-14-05, cert. ef. 12-15-05; BP 1-2006, f. & cert. ef. 6-9-06

855-025-0005**Qualifications for Licensure as a Pharmacy Technician or Certified Pharmacy Technician**

(1) Effective August 1, 2006, to qualify for licensure as a certified pharmacy technician, an applicant must demonstrate that the applicant is or will be at least 18 years of age and holds or will hold a high school diploma or GED at the time the Board issues the license.

(2) No person whose license to practice as a pharmacist has been denied, revoked, suspended or restricted by the Board may be licensed as a pharmacy technician or certified pharmacy technician unless the Board determines that licensure will pose no danger to patients or to the public interest.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 1-2006, f. & cert. ef. 6-9-06

855-025-0010

Renewal of Licensure as a Pharmacy Technician Requires Certification

(1) The purpose of this rule is to ensure that all pharmacy technicians in Oregon become certified pharmacy technicians by passing a certification examination accepted by the Board. This rule requires all current pharmacy technicians to become certified by October 1, 2008, and gives all new pharmacy technicians until October 1, 2008, one year after initial licensure, or prior to the pharmacy technician's 19th birthday, whichever is later, to obtain certification.

(2) The license of a pharmacy technician expires one year from the date upon which it is issued, and may be renewed only if:

(a) The applicant has become certified by taking and passing one of the examinations described in section three or

(b) The applicant is less than 18 years of age.

(3) For any pharmacy technician license that expires on or after September 30, 2008, an applicant to renew a pharmacy technician license must demonstrate that the applicant for renewal has taken and passed the national pharmacy technician certification examination given by either:

(a) The Pharmacy Technician Certification Board (PTCB) or

(b) The Institute for the Certification of Pharmacy Technicians (ICPT).

(4) The license of a certified pharmacy technician expires on September 30 of each year and must be renewed annually.

(5) Notwithstanding any other provision of these rules, a pharmacy technician who is less than 18 years of age need not take and pass a certified pharmacy technician examination.

(6) Applicants for licensure or renewal of licensure as a pharmacy technician must submit to a criminal background check.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

Hist.: BP 1-2006, f. & cert. ef. 6-9-06

Rhode Island Administrative Rule

**RULES AND REGULATIONS PERTAINING TO
PHARMACISTS, PHARMACIES AND MANUFACTURERS,
WHOLESALEERS AND DISTRIBUTORS**

(R5-19.1-PHAR)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Health
Board of Pharmacy
March 1985

As Amended:

May 1986
August 1986
April 1987
April 1988
October 1988 (E)

January 1989
September 1989 (E)
December 1989
May 1990
October 1990 (T)
September 1992 (E)
February 1993 (E)
April 1993
November 1993
February 1994
July 1996
July 1997
February 2000

July 2000 (E)
November 2000 (E)

December 2000
April 2001
August 2001 (E)
December 2001 (E)
January 2002 (re-filing in accordance with
the provisions of section 42-35-4.1 of the
Rhode Island General Laws, as amended)
January 2002
July 2002
December 2002
May 2003
June 2003 (E)
October 2003 (E)
December 2003
February 2004
December 2004
July 2005
October 2005
June 2006
January 2007 (re-filing in accordance with
the provisions of section 42-35-4.1 of the
Rhode Island General Laws, as amended)
April 2007
July 2007
January 2008

- 24.17 With the approval of the pharmacist-in-charge, a pharmacy technician **II** may be present in the pharmacy without a pharmacist present in order to prepare medications and to perform other duties and activities as authorized by statute, regulation, and the pharmacy technician **II**'s scope of practice. Provided, however, a pharmacy technician **II** **may not** perform drug utilization review; clinical conflict resolution; therapy modification; patient counseling; or dispensing process validation.

Board-approved Training Programs for Pharmacy Technician IIs

- 24.18 Training programs for pharmacy technicians **IIs** that are approved by the Board include:

- 24.18.1 a pharmacy technician training program *accredited by the American Society of Health-System Pharmacists*;
- 24.18.2 a pharmacy technician training program provided by a branch of the *United States Armed Services or the U.S. Public Health Service*;
- 24.18.3 a pharmacy technician training program offered by a secondary educational institution that has been approved by the Rhode Island Board of Regents or their designees; or a pharmacy technology degree/certificate awarded by a college or university accredited by a regional accrediting authority;
- 24.18.4 a training program that includes successful completion of a nationally-recognized certification examination acceptable to the Board, including, but not limited to, the Pharmacy Technician Certification Examination (PTCE) or the Institute for Certification of Pharmacy Technicians "ExCPT" examination.

Board-approved Training Programs for Pharmacy Technician Is

- 24.19 Training programs for pharmacy technicians **Is** that are approved by the Board include:

- 24.19.1 ***an employer-based pharmacy technician training program*** that includes theoretical and practical instruction as described herein;
 - 1) Said employer-based pharmacy technician training program shall:
 - a) include written guidelines, policies, and procedures that define the specific tasks the technician shall be expected to perform that include but are not limited to the following;
 - orientation;
 - job descriptions;
 - communication techniques;
 - laws and rules;
 - security and safety;
 - prescription drugs;
 - basic pharmaceutical nomenclature;
 - dosage forms;

South Carolina Board Minutes

South Carolina Board of Pharmacy

Board Meeting

9:00 a.m., September 17-18, 2008

Synergy Business Park

110 Centerview Drive, Kingstree Building

Columbia, South Carolina

Wednesday, September 17, 2008, Room 202-02

Meeting Called to Order

Davis Hook, R.Ph., chairman, of West Columbia, called the regular meeting of the SC Board of Pharmacy to order at 9:04 a.m. Other Board members participating in the meeting included: Allen Toole, R.Ph., vice chairman, of Liberty ; David Banks, R.Ph., of Simpsonville; Bobby Bradham, R.Ph., of Charleston; Dan Bushardt, R.Ph., of Lake City; Hugh Mobley, R.Ph., of Lancaster; Leo Richardson, Ph.D., of Columbia; and Dock Henry Rose, R.Ph., of Greer.

Staff members participating during the meeting included: Lee Ann Bundrick, R.Ph., Administrator; Marilyn Crouch, Program Assistant; Eddie Durant, R.Ph., Temporary Investigator; Joe Newton, R.Ph., Pharmacist Investigator; and Tom Porter, R.Ph., Pharmacist Investigator. LLR employees participating during the meeting included: Sharon Dantzler, Deputy General Counsel, LLR-Office of General Counsel Sandra Dickert, Administrative Assistant; Pat Hanks, Attorney, Office of General Counsel; and Bob Selman, Legislative Liaison.

Members of the public attending the meeting included: Shanna Amerson, Michael Ayotte, Ron Bartley, Michael Bazley, Emily Belleban, Mike Blakely, Ashley Burns, Joseph Busuttil, Shannon Davis Carter, Sherrie Chapman, Carmelo Cinqueonce, Ivy Coleman, James Deweese, Nina Ellison, Janelle Hicks, Cathy Kuhn, Tammy McDowell, Megan Montgomery, Amanda Moore, Joe Mullinax, Khyan Patel, Christy Pettit, Tom Phillips, Patti Powell, Rebecca Rabbitt, Laticia Cobb-Rich, Eric Ridings, Carla Redding, Ken Rogers, Solon Symeonidis, Rick Wilson; and Mary Elizabeth Wood.

Mr. Hook announced this meeting was being held in accordance with Section 30-4-80 of the S. C. Freedom of Information Act by notice mailed to The State Newspaper, Associated Press, WIS-TV and all other requesting persons, organizations, or news media. In addition, notice was posted on the bulletin boards at the two main entrances of the Kingstree Building.

Pledge of Allegiance

All present recited the Pledge of Allegiance.

Invocation

Mr. Bushardt delivered the invocation.

Chairman's Remarks – Davis Hook, R.Ph.

Mr. Hook stated he has concerns regarding public safety, improving health care and third party intervention in the health care arena. He went on to say things that require alterations of therapeutic protocols and diagnostic aids are a concern. He said limited product selection and some red tape involvement in dispensing of those medications are also a concern. He further stated the reimbursement for providers which diminishes and affects the quality of care. He does not mean the finances as the quality of care. He feels health care providers should be in charge of public health care. He asked how can we have medications stored in facilities with temperature allowances of typically 59 to 85 degrees, yet we allow mail order prescriptions mailed into South Carolina without any allowance for the temperature they may be coming into

New Business (Continued)

I. Minute Clinic Group – CVS, Caremark Corp. – Michael J. Ayotte, R.Ph., Director of Government Affairs

Michael J. Ayotte, R.Ph., Thomas Phillips, R.Ph. and Nina Ellison, of CVS, Caremark Group, made an informational presentation regarding the minute clinic group. A copy of this presentation is herewith attached to the permanent record of this meeting located at the Board's office.

7. Committee Reports

- Pharmacy Technician – David Banks, R.Ph., Al Toole, R.Ph., Dan Bushardt, R.Ph., Davis Hook, R.Ph.

Mr. Banks stated the committee met on August 26, 2008 and attempted to establish committee members for the year.

The committee discussed at length certification of pharmacy technicians. ICPT is a testing service similar to PTCB and would be an alternative testing service to PTCB. The examination is \$95 and the pass rate is seventy-five percent.

Rebecca Rabbitt, of ICPT, appeared before the Board at this time. She stated there are approximately ten testing sites in South Carolina. She further stated the test is given most every day of the week, with the exception of Sunday. She said results are provided almost immediately.

Mr. Bradham asked Ms. Rabbitt if the test is psychometrically equivalent to the PTCB. Ms. Rabbitt answered affirmatively. She stated they are accredited by the National Commission of Certifying Agencies. Mr. Bradham stated he does not see where ICPT is psychometrically equivalent and asked if there is a reason why the documentation has not been sent to NABP at their request. Ms. Rabbitt stated NABP has information ICPT can share publicly with them. She further stated NABP is a stakeholder in PTCB and for competitive reasons that information cannot be shared with them. She went on to say NABP did reassure them in a memo that recognizes ICPT is NCCA accredited and an appropriate mechanism for boards of pharmacy to use in assessing pharmacy technician tests and they recognize that both testing agencies are NCCA approved. Mr. Bradham understands the accreditation and asked if the test is psychometrically equivalent to the PTCB. Ms. Rabbitt stated ICPT has conducted a practice analysis as to PTCB which is a means to determine what actually needs to be on the test. Ms. Rabbitt did not know that was a requirement for the Board.

MOTION

The committee made a motion to present ICPT as an alternative testing service to the full Board for approval. Since the motion came from committee no second was needed. The motion carried with a majority vote. Mr. Bradham, Mr. Rose, and Dr. Richardson voted nay.

A presentation was made to the Board regarding a comparison of technician duties and ratios.

MOTION

The committee made a motion the Board grant individuals who have passed the requirements as they were given by the technical colleges that have a collaborative agreement with Midlands Technical College of an ASHP accredited program be allowed state certification. All collaborative schools must be in compliance with ASHP accreditation prior to the next school year. Since the motion came from committee no second was needed.

Tennessee Board of Pharmacy
Rules and Correspondence from
Board Executive Director

**RULES
OF
THE TENNESSEE BOARD OF PHARMACY**

**CHAPTER 1140-2
PROFESSIONAL CONDUCT AND RESPONSIBILITIES**

TABLE OF CONTENTS

1140-2-.01 Pharmacists and Pharmacy Interns

1140-2-.02 Pharmacy Technicians

1140-2-.01 PHARMACISTS AND PHARMACY INTERNS.

- (1) A pharmacist shall hold the health and safety of patients to be the first consideration and shall render to each patient the full measure of the pharmacist's ability as an essential health practitioner.
- (2) A pharmacist shall not knowingly condone or assist in the dispensing, promoting, or distributing of drugs or devices which are not of good quality, which do not meet standards by law, or which lack therapeutic value for the patient.
- (3) A pharmacist shall always strive to perfect and enlarge the pharmacist's professional knowledge and shall utilize and make available this knowledge as may be required in accordance with the pharmacist's best professional judgment.
- (4) A pharmacist shall observe the law, uphold the dignity and honor of the profession, and accept its ethical principles. A pharmacist shall not engage in any activity that will bring discredit to the profession, and shall expose, without fear or favor, illegal or unethical conduct in the profession.
- (5) A pharmacist shall seek at all times only fair and reasonable remuneration for the pharmacist's services. A pharmacist shall never agree to or participate in transactions with practitioners of other health professions or any other person under which fees are divided, or which may cause financial or other exploitation in connection with the rendering of the pharmacist's professional services.
- (6) A pharmacist shall respect the confidential and personal nature of professional and patient records. Except where the best interest of a patient requires or the law demands, a pharmacist shall not disclose such information to anyone without proper patient authorization.
- (7) A pharmacist shall not agree to practice under terms or conditions which tend to interfere with or impair the proper exercise of professional judgment and skill, which tend to cause a deterioration of the quality of professional service and patient care, or which require the pharmacist to consent to unethical conduct.
- (8) A pharmacist shall not make publication or circulation of any statement tending to deceive, misrepresent, or mislead anyone, nor be a party or accessory to any fraudulent or deceptive practice or transaction in pharmacy.
- (9) A pharmacist shall not enter into any agreement with anyone for the compounding of secret formula or coded medical or prescription orders.
- (10) A pharmacist shall, by utilizing education, skill, experience, and professional judgment, make every reasonable effort to prevent the abuse of drugs which the pharmacist dispenses.
- (11) A pharmacist shall provide pharmaceutical service:
 - (a) which is as complete as the public may reasonably expect;

(Rule 1140-2-.01, continued)

- (b) without discriminating in any manner between patients or groups of patients; and
 - (c) without compromising the kind or extent of services or facilities made available.
- (12) A pharmacist shall recognize the Tennessee Board of Pharmacy as the governing body of the practice of pharmacy in the State of Tennessee, and report to the board any violations of pharmacy laws or rules which may come to the pharmacist's attention. The pharmacist at all times shall refrain from discussing these matters with nonmembers of the profession.
- (13) The following functions must be performed personally by a pharmacist or by a pharmacy intern under the personal supervision and in the presence of a pharmacist:
 - (a) Certification of medical and prescription orders;
 - (b) Performance of final verification of the product prior to dispensing;
 - (c) Initialing of medical and prescription orders noting appropriate comments;
 - (d) Providing patient counseling;
 - (e) Providing direct patient care services;
 - (f) Providing drug information to patients, care givers, and health care providers;
 - (g) Supervision of compounding;
 - (h) Evaluation and establishment of criteria for selection of drug product(s) and supplier(s); and
 - (i) Daily opening and closing of a pharmacy practice site.
- (14) A pharmacist and pharmacy intern shall wear appropriate identification showing name and appropriate title.
- (15) A pharmacist shall immediately notify the board office in writing of a change in location of primary practice site and permanent residence.
- (16) A pharmacist shall conspicuously display the pharmacist's license and certificate of registration at the primary pharmacy practice site. Pharmacists shall possess at all times, while engaged in the practice of pharmacy, proof of a license.
- (17) A pharmacist convicted of any crime, including driving under the influence of alcohol or controlled substances, shall report such conviction to the board within ten (10) days of the conviction becoming final. For purposes of this reporting requirement, a conviction includes pretrial or judicial diversion.
- (18) A pharmacist shall comply with lawful order(s) of the board.

Authority: T.C.A. §§63-10-404(26), (27), and (29), 63-10-504(b)(1), and 63-10-504(b)(1)(C). **Administrative**

History: Repeal and new rule filed May 11, 1998; effective July 25, 1998.

1140-2-.02 PHARMACY TECHNICIANS.

- (1) Any person acting as a pharmacy technician shall register with the board by submitting an application on a form prescribed by the board. The applicant shall also:
 - (a) Provide a statement of good moral character;
 - (b) Submit an affidavit from his employer attesting that the applicant has read and understands the statutes and regulations pertaining to the practice of pharmacy in Tennessee. (A copy of this affidavit shall be retained at the place of employment.)
 - (c) Submit the appropriate application fee as set in Rule 1140-1-.10 of the Rules of the Board of Pharmacy.
- (2) The pharmacist in charge at each pharmacy practice site is responsible for compliance with the provisions of this chapter by pharmacy technicians at that pharmacy practice site.
- (3) A pharmacy technician may perform the following functions, but only in the presence of and under the supervision of a pharmacist:
 - (a) Accept a request from a patient to refill a medical or prescription order;
 - (b) Accept or request authorization for a refill of a medical or prescription order from a practitioner or a practitioner's agent;
 - (c) Prepare a label to be placed on the dispensing container;
 - (d) Obtain and enter patient or medical or prescription order data into the patient information system;
 - (e) Retrieve prescription drugs and devices and related materials from stock, count or measure prescription drugs and devices and related materials, and place the prescription drugs and devices and related materials in the dispensing container;
 - (f) Affix a label to a dispensing container;
 - (g) Assist in reconstituting of prescription drugs;
 - (h) Assist in compounding;
 - (i) Transmit pharmacist approved orders to suppliers;
 - (j) Place ancillary information on the dispensing container;
 - (k) Prepackage and label drugs and devices and related materials for future dispensing;
 - (l) Deliver drugs and devices and related materials provided an established procedure is followed to ensure proper and safe delivery;
 - (m) Issue drugs and devices and related materials to authorized persons when such are to be used for administration to an inpatient;
 - (n) Prepare unit dose carts for final review by a pharmacist;
 - (o) Order drugs and devices and related materials from suppliers according to established criteria; and

(Rule 1140-2-.02, continued)

- (p) Retrieve and transport drugs and devices and related materials to and from approved areas.
- (4) In addition to the functions contained in paragraph (2) above, certified pharmacy technicians may receive new, or transferred oral medical and prescription orders.
- (5) No prescription drugs and devices and related materials may be released to a patient without verification by a pharmacist of the functions performed by the pharmacy technician.
- (6) The actual working ratio of pharmacy technicians to pharmacists shall not be more than 2:1 in any pharmacy practice site; provided, however, that the ratio may be increased to a maximum of 3:1 if at least one (1) of the pharmacy technicians is a certified pharmacy technician. For purposes of this rule, a pharmacy intern is not considered to be a pharmacy technician.
- (7) Pharmacy technicians must wear appropriate identification showing name and appropriate title (e.g., pharmacy technician, certified pharmacy technician).
- (8) All pharmacy technician functions shall be performed under the supervision of a pharmacist, who shall direct and verify the accuracy of all pharmacy technician functions. Supervision requires the physical presence of the pharmacist making appropriate in-process and end-process verifications of the pharmacy technician's activities.
- (9) All registered technicians shall conspicuously display the technician's registration certificate at the primary practice site; additionally, all certified technicians shall display in like manner evidence of certification. Pharmacy technicians shall possess at all times, while on duty, proof of registration and proof of certification, if applicable.
- (10) All registered technicians shall immediately notify the board in writing of any change of address or employer.

Authority: T.C.A. §§63-10-404(30), 63-10504(b)(1), 63-10-504(b)(1)(C), 63-10-506, and 63-10-508.

Administrative History: Repeal and new rule filed May 11, 1998; effective July 25, 1998. Amendment filed August 19, 2002; effective November 2, 2002



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243
tennessee.gov/health

July 25, 2008

Becky Rabbitt, PharmD
Institute for the Certification of Pharmacy Technicians
2536 South Old Highway 94
Suite 214
St. Charles, Missouri 63303

Dear Dr. Rabbitt:

Thank you for contacting the Tennessee Board of Pharmacy in reference to your inquiry on Pharmacy Technician Certification. The Tennessee Board of Pharmacy does not have rules or regulations on the educational components of the Pharmacy Technician Certification Programs. Board of Pharmacy Rule 1140-2-02 discusses the duties of Pharmacy Technicians in the State of Tennessee.

Please contact this office should you require additional information or assistance.

Sincerely,

Kevin K. Eidson, Pharm D
Executive Director

KKE/ma

*left mail 7/29/08 to clarify 7/25 phone conversation
"a certified technician" is not defined in TN
The ExCPT is "OK" for a tech to take & do the extra
duties in TN per Kevin on 7/29/08*

Utah Board Minutes

UTAH BOARD OF PHARMACY
MINUTES
OCTOBER 24, 2006

CONDUCTING:	Roger Fitzpatrick, Chairman
CONVENED:	9:05 a.m.
ADJOURNED:	4:48 p.m.
MEMBERS PRESENT	Roger Fitzpatrick, Chairman Dr. Mark Munger Shawna Hanson, RPh Betty Yamashita, RPh Edgar Cortes, Technician member Marty Hill, Public member Dominic DeRose, RPh
DIVISION STAFF	Craig Jackson, Division Director Diana Baker, Bureau Manager Penny Vogeler , Board Secretary Connie Call, Probation Coordinator Sandy Hess, DOPL Investigator Jared Memmott, DOPL Investigator
GUEST	Derek Garn, Wal-Mart Beth Young, U of U College of Pharmacy Renee Coffman, University of Southern Nevada Darla Zarley, University of Southern Nevada Larry Fannd, University of Southern Nevada Susanne Hilandr, Wal-mart Kyle Steadman / Marie Steadman Judith Nielsen, Walgreens
PROBATION REPORT	Connie Call discussed the probationers' compliance to their Orders.
ADMINISTRATIVE BUSINESS	DECISIONS/ RECOMMENDATIONS
Approval of September minutes	A motion was made by Dr. Munger and seconded by Mr. Hill to approve the

Walgreen's stating the status of all pharmacy technicians in all 27 Walgreen's stores. Where are they in the program? Where are they within there hours of training, and clinical? Ms. Yamashita seconded the motion. Motion carried. The Board made an offer to have a member of the Board meet with the pharmacists for discussion on the training process. Mr. Scalizitti said he may consider this at a later date. The Board will invite Mr. Scalzitti and Ms. Nielsen to the November Board meeting.

EXCEPT PROGRAM

Mr. Ken Schafermeyer representative for the ExCpt program. Ms. Baker discussed the fact that the Division has given the approval to come before the Board to vote for use of the ExCpt. The Board discussed the necessity of new questions being added in the pool a regular basis. The Board asked if there had been any major issues from previous states currently using ExCpt. Mr. Schafermeyer commented there were no major issues at this time. A motion was made by Mr. Hill and seconded by Ms. Yamashita to except the ExCpt program. Motion carried.

HARMON'S PHARMACY

A memo from Greg Jones, Director of Pharmacy for Harmon's, was discussed with the Board in regards to a statement made by Mr. Timothy Bowcutt R.Ph in last months meeting. Mr. Bowcott stated that the Ogden store did about 300 scripts per day with only himself and one pharmacy technician and no clerk. Mr. Jones indicated that the statement was in no way representative of the truth. His memo reflected exact figures for the last 8 weeks in the pharmacy where Mr. Bowcutt was employed.

Workload Balancing

The Utilization of central processing (workload balancing) technology was

Virginia Board Minutes

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF BOARD MEETING**

December 10, 2008
Second Floor
Conference Room 2

Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

CALL TO ORDER: The meeting was called to order at 9:10AM.

PRESIDING: David C. Kozera, Chairman

MEMBERS PRESENT: Gill B. Abernathy
John O. Beckner
Gerard Dabney
Jennifer H. Edwards
Bobby Ison
Leo H. Ross
Michael E. Stredler
Brandon K. Yi

MEMBERS ABSENT: Willie Brown

STAFF PRESENT: Elizabeth Scott Russell, Executive Director
Cathy M. Reiniers-Day, Deputy Executive Director
Howard M. Casway, Senior Assistant Attorney General
Sandra Whitley Ryals, Director, DHP
Elaine J. Yeatts, Senior Regulatory Analyst, DHP
Sharon Davenport, Administrative Assistant

QUORUM: With nine board members present, a quorum was established.

APPROVAL OF AGENDA: Two additional sets of minutes, August 28, 2008 SCC and November 20, 2008 SCC, were added to the agenda to be approved. With no other changes to the agenda, the agenda was approved as amended.

APPROVAL OF MINUTES: The Board reviewed draft minutes for the September 3, 2008, Board meeting; August 28, 2008, Special Conference Committee; September 3, 2008, Panel, Formal Hearings; September 10, 2008, Telephone Conference Call; September 24, 2008, Special Conference Committee; September 25, 2008, Telephone Conference Call; September 29, 2008, Panel, Formal Hearing; November 13, 2008, Regulation Committee; and November 20, 2008 Special Conference Committee. With no changes to the minutes the minutes were approved as presented.

PUBLIC HEARING ON PROPOSED REGULATIONS: A public hearing was held on proposed regulations of the Board of Pharmacy, 18 VAC 110-20-10 et seq., resulting from the Board's

the Board could not provide a waiver for having a PIC licensed in Virginia because the Board does not have the authority to waive a statute.

Motion:

The Board voted unanimously to apply the same standard to non-resident pharmacy PICs as it does to resident pharmacy PICs, that is a pharmacist may not be PIC for more than one pharmacy, whether resident or non-resident, and the Virginia-licensed pharmacist designated as PIC of the non-resident pharmacy must be fully engaged in the practice of pharmacy at the location designated on the application. (motion by Ison, second by Stredler)

**REQUEST FOR APPROVAL
OF THE ExCPT
EXAMINATION:**

The Institute for Certification of Pharmacy Technicians (ICPT) requested that its Examination for Certification of Pharmacy Technicians (ExCPT) be approved by the Board of Pharmacy as a second approved examination that applicants could take in order to be registered as a pharmacy technician in Virginia. ICPT provided sufficient documentation to show that its examination meets the criteria set forth in 18 VAC 110-20-103. Rebecca Rabbit, Executive Director of ICPT, was present at the meeting. Ms. Russell stated that she received over 40 letters supporting the approval of this examination. Ms. Russell stated that with this examination, as with the Board's own examination, candidates would have to also complete a Board-approved training program.

Motion:

The Board voted 8 to 1 to approve the ExCPT examination as a Board approved examination pursuant to 18 VAC 110-20-103. Mr. Ison voted no. (motion by Beckner, second by Stredler)

2009 MEETING CALENDAR:

The dates for Board meetings for 2009 were set as follows:

- Wednesday, March 11, 2009
- Wednesday, June 10, 2009
- Wednesday, September 2, 2009
- Wednesday, December 16, 2009

**BOARD OF HEALTH
PROFESSIONS REPORT:**

Jennifer Edwards advised the Board that the Board of Health Professions was meeting on December 17, 2008, and that it had not met since the last meeting of the Board of Pharmacy. She will be reporting on BHP at the March meeting of the Board of Pharmacy.

**EXECUTIVE DIRECTOR'S
REPORT:**

- Contract with SMT for pharmacy technician examination

Ms. Russell reported that the Department entered into a new contract for the Board developed examination for pharmacy technicians. The previous contract expired June 30, 2008, but ICPT, the current contractor, had graciously agreed to extend the

Washington Board Minutes



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

WASHINGTON STATE BOARD OF PHARMACY

Meeting Minutes

July 17, 2008

Department of Health
310 Israel Road SE Room 152/153
Tumwater, WA 98501
Board Office: (360) 236-4825

PRE MEETING PANEL

Pre-meeting Panel: Board members Gary Harris, Dr. Slatter, George Roe met prior to the business meeting to consider two requests submitted by pharmacy intern applicants. The panel approved:

- Special internship hours for Connie M. Remsberg for her participation in pharmaceutical research conducted at the University of Washington under the direction of Dr. Neal Davies. Hours not to exceed 840.
- The study plan proposed by Marlene M. Zaky Saleeb. Authorizing her to retake the Multistate Pharmacy Jurisprudence Examination.

CONVENE

Chair Rebecca Hille called the meeting to order at 9:00 a.m., July 17, 2008.

Board Members present:

Rebecca Hille, BA-Public Member, Chair
Gary Harris, RPh, Vice-Chair

Dan Connolly, RPh
Rosemarie Duffy, RN, MA, MSN, Public Member
Vandana Slatter, PharmD
George Roe, RPh

Board Members absent:

Albert Linggi, RPh
Lisa Hodgson, Executive Manager

- We have continued to work with the Department of Health (DOH) on what constitutes a sixty-day supply of medical marijuana. The draft has been filed for public comment.

Consultant Pharmacists

Tim Fuller reported:

- DOH involved in development of guidelines. We have taken no position.
- Attended the American Society of Health System Pharmacist (ASHP) Summer Meeting. Enjoyed all the vendors with software programs, physician order entry, robotic arms, and barcodes for patients and their drugs.

Cathy Williams reported:

- On the Patient Safety Coalition's work on the Medication Safety Initiative to improve medication safety by focusing on the prevention of error via improved communication between prescribers, pharmacists, and patients. The group will meet on August 5, to brainstorm ideas, seek advice from media experts and strategize how to promote the use of medication lists.
- Attended the Washington Pharmacy and Therapeutic Committee Meeting with the healthcare authority.

Chief Investigator

Grant Chester reported:

- Mr. Randy Flett left state service on June 30, 08 after working for a year as a ¼ time Pharmacist Investigator. Mr. Joseph Honda's appointment ends Sept. 15, 2008.
- Compliments to Judy Haenke and her staff for doing an outstanding job with ILRS challenges around pharmacy firms and license expiration dates.
- We have been working with the Yakima Valley Farm Workers Clinic (YVFWC) since November to improve their understanding of the Call Center requirements and to ensure compliance with their agreement with the Board of Pharmacy. Tyler Varnum, Pharmacist Investigator and Amy Amerein, Responsible Pharmacist Manager for YVFWC were able to resolve all concerns except one. This related to Call Center services for their Oregon pharmacy. YVFWC will presentation at the September board meeting in Yakima. The YVFWC was inspected on June 24, 2008 and received an A grade.
- The Investigators' Quarterly Meeting is scheduled for September 11, 2008. Rosemarie Duffy will attend with the possibility of Dan Connelly attending also.

PRESENTATION

National Standardized Examination for Pharmacy Technician

The board was tasked with identifying the criteria it will use to approve a national standardized certification exam. Based on the rules adopted in May all new applicants for pharmacy

technician must pass a board-approved national standardized exam in addition to other requirements. The board reviewed many recommendations for criteria submitted by the National Association of Boards of Pharmacy, the Washington State Pharmacy Association and two national pharmacy technician certification programs. . A teleconference presentation was given by Jim Kendzel, Executive Director of the National Organization for Competency Assurance (NOCA) and the National Commission for Certifying Agencies (NCCA).

NCCA currently accredits both national exams – PTCE and ExCPT.

Rosemarie Duffy read into record letters from the American Society of Health-System Pharmacist; National Association of Chain Drug Stores, and Group Health Cooperative. Following the presentation, the board asked questions and received comments from representatives of both national examinations -

- Dr. Kenneth Schafermeyer, Director of Education, Institute for the Certification of Pharmacy Technicians (ICPT) and
- Jeanie Barkett, representing, the Pharmacy Technician Certification Board.

MOTION: Dan Connolly moved the board accept accredited NCCA certified tests as board-approved Pharmacy Technician examinations. Rosemarie Duffy amended that they need to show proof of accreditation for NCCA as necessary. Vandana Slatter second. **MOTION CARRIED: 5-0.**

University of Washington (UW), School of Pharmacy's Medication Therapy Management Pharmacy

Don Downing, UW, gave an overview of the program with the following highlights:

- More people are asking for this service and willing to pay.
- The capacity to provide care for those who come to us has not been built yet.
- In order to be paid, we have to be able to provide positive outcomes.
- The UW is collaborating with Washington State University (WSU).
- A drugless pharmacy has been opened at the UW, but does not want to make pharmacy students obsolete.
- The first year of training for PharmD students will be practicing on scheduling and taking medication history and billing. Years two and three the students will work using teaching cases and standardized patients. The fourth year would be regular Medication Therapy Management clerkship at the University of Washington working in a pharmacy with live cases with faculty preceptors.
- He has received overwhelmingly positive results from pharmacies.

Rod Shaffer, Executive Director of the Washington State Pharmacy Association, stated his support for the program and thanked the board for their support.

Madhu Panchapagesan, PharmD Candidate commented that this is the future of pharmacy and a wonderful experience she can carry over to her practices.

Joyce Roper, AAG, made it clear that the board has not endorsed the program.

EXHIBIT "8"



Exam for the Certification of Pharmacy Technicians
www.icpt.org

NEWS RELEASE

**Exam for the Certification of Pharmacy Technicians (ExCPT)
Approved by Oregon Board of Pharmacy**

FOR IMMEDIATE RELEASE (April, 2006) -- The Oregon Board of Pharmacy approved the Exam for the Certification of Pharmacy Technicians (ExCPT) as one of two pharmacy technician certification exams that may be used for pharmacy technician registration.

Effective October 1, 2008, all pharmacy technicians in Oregon must be licensed as Certified Pharmacy Technicians. Certification requires that technicians pass a national pharmacy technician certification exam provided by either the Exam for the Certification of Pharmacy Technicians (ExCPT) or the Pharmacy Technician Certification Board (PTCB). The ExCPT, which is offered by the Institute for the Certification of Pharmacy Technicians, is computer-based and offered on demand more than 300 days per year at over 1,000 LaserGrade testing centers throughout the United States.

Linda Howrey, President of the Oregon Board of Pharmacy said, "The availability of the ExCPT as a credible alternative to the PTCB was very important to us. We are satisfied that the ExCPT is psychometrically sound, recognized nationally and is available on demand in multiple sites throughout the state."

LaserGrade Testing Centers offers secure, proctored computer-based test administration for professional and occupational licensure and certification examinations, IT certification, pre-employment screening and Federal Aviation Administration licensure using its own secure network and software. Immediately upon completion of the ExCPT candidates are notified whether or not they passed. Unsuccessful candidates are given a diagnostic report indicating those areas that need further study.

The ExCPT is being offered nationwide and is available now to pharmacy technicians from all practice settings. Candidates may register by calling LaserGrade at 1-800-211-2753. Exams can be taken within one or two days of registration and results are available immediately upon completion of the exam. The Exam fee is \$95.

Details about the ExCPT may be found at www.icpt.org. For more information, please contact the ICPT Office.

<p>ICPT, 1816 Woodmark Rd, St. Louis, MO 63131 Office hours: 9am-4pm CST. bette@icptmail.org, Telephone: (314) 442-6775, Fax (866) 203-9213</p>



Exam for the Certification of Pharmacy Technicians
1816 Woodmark Rd
St. Louis, MO 63131
Tel: (314) 442-6775
Fax: (866) 203-9213
www.nationaltechexam.org

Draft

NEWS RELEASE

**The Connecticut Commission on Pharmacy
Approves the ExCPT Exam.**

(Hartford, CT, July, 2006 – For Immediate Release) After an exhaustive 10-month investigation, **the Connecticut Board of Pharmacy confirmed on July 26 that the Exam for the Certification of Pharmacy Technicians (ExCPT) was equivalent to the PTCB exam** and approved it in the state of Connecticut. The Commission found that “The ExCPT exam is psychometrically sound, legally defensible and equivalent to the PTCB.” Steven Beaudin, a public member of the Commission, said, “I’m glad that we now have two certification exams in Connecticut. Competition is a good thing.”

To determine equivalency, the Commission compared, among other things, the content and rigor of the PTCB and ExCPT exams as well as the organization and governance of both organizations. The policies and procedures used for the practice analyses, test blueprints, item writing procedures, test assembly procedures, scoring, reports, security and quality assurance procedures were found to be equivalent.

Kenneth W. Schafermeyer, Ph.D., R.P.h., Director of Education for the Institute for the Certification of Pharmacy Technicians (the sponsor of the ExCPT) said, “We are very pleased with this decision as we move forward with approval process of the ExCPT Exam in all applicable states and to be recognized by all pharmacy employers. The ExCPT Exam is offered in all LaserGrade testing centers 325+ days a year in every state throughout the U.S. at a technician-friendly cost of \$95. We intend to provide every pharmacy technician superior educational and professional services as their career develops.”

Connecticut regulations allow a 2:1 ratio of technicians to pharmacists but authorize the pharmacist to supervise one additional technician if he or she is certified. According to Connecticut statutes, “The department shall, upon authorization of the commission, certify as a pharmacy technician any person who meets the requirements for registration as a pharmacy technician . . . who holds a certification from the Pharmacy Technician Certification Board or any other equivalent pharmacy technician certification program approved by the department.”

- more -

About ICPT

The Institute for the Certification of Pharmacy Technicians (ICPT) is operated by pharmacists for the pharmacy profession. The purpose of the Exam for the Certification of Pharmacy Technicians (ExCPT) is to help ensure that a minimum knowledge base or competency is possessed by pharmacy technicians who assist pharmacists in the preparation of prescriptions. The ExCPT is nationally recognized by the National Community Pharmacists Association and the National Association of Chain Drug Stores as a psychometrically sound pharmacy technician certification exam. The exam is offered in all 50 states and the District of Columbia.

Address: Institute for the Certification of Pharmacy Technicians (ICPT)
1816 Woodmark Rd
St. Louis, MO 63131
Office hours: 9am-4pm CST.

Web site: www.nationaltechexam.org

Email: ken@icptmail.org
Office Phone: (314) 442-6775
Fax: (866) 203-9213
Mobile: (314) 609-1073

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EXHIBIT "9"



Comparison of ExCPT and PTCB



	ExCPT	PTCB
Eligibility	Candidates must be 18 or older with high school degree or GED. Candidates convicted of a felony may not be certified.	Candidates must be 18 or older with high school degree or GED. Candidates convicted of a felony may not be certified.
Pharmacy practice sites to which exam is applicable	All practice sites	All practice sites
Test sites	Over 600 LaserGrade Test Centers located throughout the country.	Approximately 200 Pearson Vue sites located throughout the country.
Dates test is offered	Available 6 to 7 days a week year round - over 310 days a year.	Available 5 days a week during 4 5-week periods per year:
Deadline for exam registration	Usually one day before the exam	Approximately 24 days prior to the exam
Deadline for notification of change of exam time or location	24 hours	24 hours
Exam format	Secure computer-based exam	Secure computer-based exam
Number of questions	110 multiple-choice items with choices a-d. (100 are graded and the remaining 10 are pilot tested for future exams).	100 multiple-choice items questions (90 graded and 10 pilot tested)
Length of exam	Two hours	Two hours
Price of the exam	\$95	\$129
Content	Three sections (as specified in more detail on the ICPT website): 1. Regulations and technician duties (25% of exam) 2. Drugs and drug products (23% of exam) 3. Dispensing process (52% of exam)	Three sections: 1. Assisting the pharmacist in serving patients (66% of exam) 2. Maintaining medication and inventory control systems (22% of exam) 3. Participation in the administration and management of pharmacy practice (12% of exam)
Pass rate	~70%	Ranges from 66% to 82%
Exam based on comprehensive job analysis	Yes	Yes
Advice and oversight by panel of experts	Yes	Yes
Meets standards of the American Educational Research Association, American Psychological Association and National Council on Measurement in Education, <i>Standards for Educational and</i>	Yes	Yes

	ExCPT	PTCB
<i>Psychological Testing</i>		
Audited by independent experts in psychometrics	Yes	Yes
Exam items written by a panel of expert item writers	Yes	Yes
All test items field tested prior to use	Yes	Yes
All items analyzed for reliability, validity and other test statistics	Yes	Yes
Eligibility verified at time of exam.	Pre-registration required; approved identification must be shown at test center.	Pre-registration required; approved identification must be shown at test center.
Exam items changed on periodic basis	Yes	Yes
Multiple versions of the exam	Yes, with proper equating procedures to assure same level of difficulty	Yes, with proper equating procedures to assure same level of difficulty
Proctors thoroughly training to follow procedures and for handling emergency situations.	Yes	Yes
Stringent computer encryption programming used	Yes	Unknown
Exams sent to testing site before exam	No, exam sent in secure encrypted format and downloaded at testing center only after candidate checks in and has identification verified.	Unknown
Extra printed exams that must be accounted for and destroyed if not used	Not necessary because of computer-based exam	Not after February, 2007
Diagnostic report offered to unsuccessful candidates	Yes	Unknown
Candidates with disabilities accommodated in compliance with ADA	Yes	Yes
Website for exam information	www.nationaltechexam.org	www.ptcb.org
Exam results reported to candidate	Immediate notification	Notification a few weeks after test date
Recertification	Required every two years. 20 hours of pharmacy-related continuing education (including at least one hour of law) required	Required every two years. 20 hours of pharmacy-related continuing education (including at least one hour of law) required
Exam results reported directly to the Board of Pharmacy.	Yes, at no charge. Database available on secure password-protected site for verification by Board of Pharmacy personnel.	Yes. Procedure unknown



January 18, 2009

Mr Hal Wand
Executive Director
Arizona State Board of Pharmacy
1700 West Washington – Suite 250
Phoenix, AZ 85007

Dear Hal and Members of the Arizona Board of Pharmacy:

NABP is aware of recent correspondence to the Arizona Board of Pharmacy by a representative of Quarles & Brady and the Institute for Certification of Pharmacy Technicians (ICPT). Included in that correspondence are references to NABP, the Pharmacy Technician Certification Board (PTCB), and the state boards of pharmacy. NABP respectfully requests your consideration of the following clarifications.

NABP did, as noted on Page 2 of the Quarles & Brady letter, indicate that accreditation by the National Commission for Certifying Agencies (NCCA) is “an independent audit by certification experts [that] ensures [a] certification program adheres to current standards in the certification industry.” However, it is important for the Arizona Board of Pharmacy to understand that the statement issued by NABP and referenced in the Quarles & Brady letter does not state or imply that NCCA accreditation of the Pharmacy Technician Certification Examination (PTCE) and ExCPT is an indication that the examinations are equivalent. In fact, it is not possible for NABP to make such a determination based solely upon NCCA accreditation because, as noted by NCCA on its web site, “*NCCA accreditation certifies a process that adheres to accepted standards and criteria and does not determine content of the examination.*”

The NCCA web site notes specifically that: “*Certification organizations that submit their programs for accreditation are evaluated based on the process and products, not the content, and are therefore applicable to all professions and industries.*” In NABP’s opinion, the NCCA accreditation is an assessment, in a generic manner applicable across professions, of the process for developing and administering an examination/certification

program and not the equivalence of that examination/certification program to other examinations/certification programs within the particular profession or occupation. Any interpretation of NCCA accreditation beyond the assessment of the process and product would appear to be contrary to the direction provided by NCAA which states:

“The NCCA is the only body with the authority to formally issue interpretations of the NCCA Standards.”

Further, included in the packet of information submitted by Quarles & Brady to the Arizona Board is an affidavit from Dr Steven Nettles, Senior Vice President of the Psychometrics Division for Applied Measurement Professionals, Inc. Dr Nettles’ statement notes that the PTCE and ExCPT are both accredited by NCCA thus *“both exams have been reviewed by independent psychometric experts volunteering for the NCCA, and were judged consistent with the NCAA guidelines.”* Dr Nettles’ statement is in effect the same statement made by NABP in its memorandum to the state boards of pharmacy and referenced earlier. He summarizes his affidavit with the statement, *“In summary, both the ExCPT and PCTE (sic) were judged by independent psychometric experts to have substantial evidence of validity and job-relatedness.”* As far as NABP is aware, there is nothing in Dr Nettles’ affidavit that indicates that the PTCE and ExCPT are equivalent.

The letter from Quarles & Brady also contends:

“Interestingly, although totally out of context and surprisingly blatant, NABP chose to include a closing sentence in this letter reminding the member boards that NABP’s partnership with PTCB generated revenue for NABP that is used to support services and programs for member boards. Although NABP may disagree, its partnership with PTCB is not a valid basis upon which to withhold endorsement of ExCPT.”

NABP is not withholding, and has not withheld endorsement of the ExCPT based upon the partnership with PTCB. The state boards of pharmacy directed NABP through a resolution adopted unanimously by all of the member boards of NABP to assess the PTCE and, if the examination was approved by NABP, then to partner with PTCB. The state boards of pharmacy are NABP and direct the activities of NABP through resolutions and the decisions of the member boards of pharmacy. It is extremely important to note that on more than one occasion, NABP agreed to consider endorsement of the ExCPT if ICPT would work with NABP to establish an unbiased panel of psychometricians and pharmacy practice experts and conduct an independent review of the ExCPT similar to the independent review that was employed by NABP to review the PTCE. ICPT declined those invitations.

The Quarles & Brady letter also makes statements in regard to the “equivalent quality” of the ExCPT to the PTCE and that it “has been approved by every other Board that has considered it.” As noted earlier, NABP is not aware of any study or documentation, including NCCA accreditation that has proven that the PTCE and ExCPT are of “equivalent quality.” This is an issue that the Arizona Board of Pharmacy may consider

further and ask for the documentation of this equivalence or a statement from NCCA indicating that the ExCPT and PTCE are of “equivalent quality.”

NABP is also aware that at least two states did not approve the PTCE when the ICPT requested consideration and approval or recognition. The two states in which this occurred are Louisiana and Texas. It is also our understanding; we are currently in the process of confirming the information, that the Kentucky Board of Pharmacy recently did not approve the ExCPT when requested by ICPT. In order to verify what states have approved the ExCPT when requested by ICPT to do so and as stated in the Quarles & Brady letter, NABP advises the Arizona Board to directly survey the boards of pharmacy. If the Arizona Board would prefer, NABP would be glad to survey the states, as we normally do as part of our membership services to the state boards of pharmacy, to ascertain the information presented in the Quarles & Brady letter.

NABP is also aware that the executive director of the North Carolina Board of Pharmacy queried all of the boards of pharmacy when ICPT presented a similar statement to him. We would also suggest that the Arizona Board contact the executive director of the North Carolina Board of Pharmacy and request results of the North Carolina Board of Pharmacy as part of the fact gathering that the Board may wish to employ.

NABP understands the gravity of the Arizona Board’s decision. Our intention in providing this information is to assist the Arizona Board in making an informed decision based upon all of the facts and validation of those facts. If we can assist the Board further in its fact finding or decision-making process, please feel free to call upon me.

Thank you for your consideration and diligence.

Sincerely,

Carmen

Carmen A. Catizone, RPh
Executive Director/Secretary
National Association of Boards of Pharmacy

CC/mwg



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February 5, 2009

Arizona State Board of Pharmacy
1700 West Washington – Suite 250
Phoenix, Arizona 85007
Attn: Hal Wand, Executive Director

Re: Board Request for Additional Information and Response to NABP Letter

Dear Mr. Wand:

We received Assistant Attorney General Elizabeth Campbell's January 22, 2009 letter informing us that the Arizona State Board of Pharmacy ("Board") has postponed its consideration of the January 13, 2009 request filed by the Institute for the Certification of Pharmacy Technicians ("ICPT") pursuant to A.A.C. R4-23-401(A) for approval of the ExCPT test. Ms. Campbell requested more information on the content of the examination¹; noted inconsistencies in the January 13, 2009 request; and referenced a January 18, 2009 letter from the National Association of State Boards of Pharmacy ("NABP") that she requested we consider.

At the outset, ICPT acknowledges that NABP and its member boards have a unique relationship that serves many valuable purposes for the member boards and board licensees, including guidance on certification examinations. Generally, this relationship is constructive, helpful and free of conflicts. However, in this unique instance, NABP has a financial interest in, and financial relationship with, the Pharmacy Certification Technician Board ("PTCB"). Accordingly, NABP's communicating with, and attempting to influence the decision of, its member boards as they consider approving a direct competitor to PTCB's Pharmacy Technician Certification Examination (the "PTCE") presents an inherent conflict of interest.

We would like to address some of the comments/concerns in Ms. Campbell's letter.

Ms. Rabbitt did appear before the Kentucky Board of Pharmacy on January 15, 2009 and, when asked whether any state had denied her request, answered "no". Ms. Rabbitt did so based on our advice that the request she had previously filed with the Board was not filed pursuant to the applicable administrative rule and the Board had not provided the required written denial. *See Exhibit "1" – letter to Kentucky Board of Pharmacy explaining Ms. Rabbitt's statement.*

The NABP's January 18, 2009 letter states ICPT was denied approval in Louisiana and Texas. Neither state has denied ICPT. In fact, as of our January 13, 2009 letter, a Texas Board Committee ("Committee")

¹ We have contacted Ms. Campbell for clarification of this request.

was still considering all pharmacy technician certification examinations, and planned to discuss them at a January 28, 2009 meeting.² Interestingly, at this meeting, the Committee had a copy of NABP's January 18, 2009 letter to the Board. Unfortunately, ICPT was not provided the opportunity to address the misstatements in this letter.

Contrary to the statement in NABP's letter, the Louisiana Board of Pharmacy's Executive Committee will be considering ICPT's request sometime in 2009.³ Thus, ICPT's request to both Texas and Louisiana is still pending review. Accordingly, until Texas, Kentucky or Louisiana take action, our statement that ExCPT has been approved by every Board that has considered it was, and remains, correct. Interestingly, NABP focuses the Board on states it claims have denied ICPT's request (even though there are none) and ***absolutely ignores those states that have approved ExCPT***. By doing so, NABP avoids addressing the issues of inconsistent treatment of resident and non-resident pharmacy technicians. For instance, NABP avoids addressing the inherent inconsistency in treatment of resident technicians who are forbidden from taking the ExCPT and non-resident technicians who work in non-resident pharmacies in states that have approved ExCPT; including the neighboring states of New Mexico, Oregon, Utah, and Washington. These non-resident technicians, who have taken ExCPT as approved by the board of pharmacy, are working with pharmacists on prescriptions that may be sent to Arizona residents. If ExCPT is not a valid certification examination, why is this acceptable? How does this ensure the public health and safety of Arizona residents who may receive a prescription handled by an ExCPT certified technician?

The January 18, 2009 NABP letter contains additional incorrect statements. NABP focuses the Board on the statement in its April 2008 letter to member boards that the National Commission for Certifying Agencies ("NCCA") is "an independent audit by certification experts [that] ensures [a] certification program adheres to current standards in the certification industry" and then goes on to say that this does not mean the examinations are equivalent. NABP conveniently ignores its statement in its September 9, 2008 letter to member boards that "if states refer to NCAA accreditation as a means of recognizing certification programs for technicians ***then both programs would satisfy this requirement***." (emphasis added). Our January 13, 2009 letter did not claim the examinations were equivalent. Rather, the letter states that the examinations have the same weight and validity and are of "equivalent quality."

NABP also states that NCCA does not determine content of the examination. Just as for the NAPLEX and PTCE, the licensure or certification body determines content by creating an examination blueprint based on practice analysis and has items written, edited and approved by panels of highly qualified subject matter experts. Also, NCCA does determine compliance with its standards,⁴ which include the use of examinations that are derived from the job/practice analysis and that are consistent with ***generally accepted psychometric principles***. ICPT's NCCA certification establishes that ExCPT meets generally accepted psychometric principles, and therefore is, as we noted in our January 13, 2009 letter, of equivalent quality to the PTCE. In the April 2008 letter to member boards in which NABP attempted to

² It is unclear how NABP could claim ICPT was denied in Texas when that Board 1) considered ***all*** examinations, including PTCE, at its November 18, 2008 meeting; 2) did not make any decision; and 3) scheduled a Committee on Pharmacy Technician Examinations meeting for January 28, 2009. See Exhibit "2" Texas Agendas. At the January 28, 2009 meeting the Committee voted to recommend that the Texas Board use the "Request for Proposal" process. We assume the matter will be considered by the full Texas Board at a later date.

³ See Exhibit "3" correspondence and e-mail to Louisiana Board of Pharmacy.

⁴ See Exhibit "4" NCCA brochure pages and Frequently Asked Question re: assessment instruments.

distinguish itself from ICPT (sent before ICPT received certification), NABP noted it recognized and adhered to valid psychometric standards in preparing licensure and certification examinations and focused on how the PTCE was psychometrically sound and that the methods used to construct the PTCE followed testing procedures recommended by various entities. Interestingly, in its latest correspondence, after having been provided with ICPT's request to the Board that explains it recognizes and adheres to these same standards, NABP ignores this information and focuses instead on devaluing the NCCA accreditation. However, the NCCA is the only independent assessment of both programs and examinations.

NABP also says that interpreting the NCCA certification as going beyond the process and product is contrary to NCCA's direction and it quotes NCCA as saying that it "is the only body with the authority to formally issue interpretations of the NCCA standards." This is absolutely correct. However, we are not interpreting the NCCA standards. There is no need for us to do so. As we explained in our January 13, 2009 request, ICPE and ExCPT meet the NCCA's standards, which include *psychometric soundness*. See Exhibit "3". The NCCA certification is a measure of equivalent quality.

The NCCA certification is similar to accreditation sought by colleges and universities to prove that they meet established standards. The boards of pharmacy rely on the Accreditation Council for Pharmacy Education ("ACPE") as a means to validate the education provided to pharmacy school graduates. This is true even though there is a wide variance among schools of pharmacy with regard to curricula, admission and progression policies, assessments, and NAPLEX pass rates. The ACPE accreditation operates in the same way as NCCA accreditation and provides the Board an unbiased method of determining that entities meet established standards. The issue for certification is whether applicants meet base competencies. The NCCA certification assures that ExCPT is psychometrically sound to measure base competencies. Therefore, as we have maintained since our initial letter, the ExCPT and PTCE are of equivalent quality to measure an applicant's base competencies.

Although NABP seeks to demean the NCCA accreditation as it applies to ICPT, upon receiving NCCA certification, PTCB said the following:⁵

- it is "the only pharmacy technician certification organization that has received *"this prestigious accreditation."*
- "accreditation demonstrates that PTCB's certification program *properly discriminates between those who are qualified and those who are not qualified to be awarded the Certified Pharmacy Technician (CPhT) credential.*"
- "[t]he NCCA accreditation process entailed a lengthy review of PTCB's procedures, protocols, and operations."
- "PTCB's test development and administration procedures, psychometric analysis, and policies and procedures all *meet NCCA's stringent standards.*"

⁵ See attached Exhibit "5" PTCB Press Releases.

- "Since 1977, the NCCA has been accrediting certification programs based on the ***highest quality standards in professional certification*** to ensure the programs adhere to current standards of practice in the certification industry. The *NCCA is . . . the leader in setting certification program quality standards.*"
- "NCCA has developed criteria used to ensure that accredited programs provide fair, valid and reliable assessment tools; defined levels of accountability and decision-making; and continuing competency. ***Through NCCA certification, PTCB is able to show*** our stakeholders and certificants ***that our certification program has met independent, professional standards.***"
- "NCCA accreditation requires PTCB to ***comply with unbiased exam validation procedures, yield to third party governance and accountability, and adopt operational protocols.***"

Mr. Carmin A. Catizone, MS, RPh, NABP Executive Director, stated the following in PTCB's press release:⁶ "NCCA's review and acceptance of PTCB's [exam] represents an independent audit by industry experts, and ***differentiates PTCB in the marketplace.*** The [NABP] ***recognizes the importance of certification programs being measured against NCCA's objective, third-party standards that are widely accepted and highly regarded in the certification industry.***"

Now, that ICPT is NCCA accredited, according to NABP the accreditation no longer has this meaning. If the accreditation demonstrates that PTCB's program/examination properly discriminates between who is and is not qualified for the CPhT credential and that PTCB's certification program has met independent professional standards, it logically follows that the NCCA accreditation demonstrates the same for ICPT. What is good for the goose is certainly good for the gander.

NABP also focuses on Dr. Nettles' affidavit and devalues it by saying Dr. Nettles did not say the examinations are equivalent. The issue is whether both examinations meet the same psychometric standards. They do. Therefore, they are psychometrically equivalent. In fact, although NABP is concerned whether ExCPT is equivalent to PTCE, ExCPT may in fact be the better examination – not only in terms of quality, but also with regard to access, convenience, responsiveness, innovation, customer service, and cost.

NABP also notes it offered to consider endorsing ExCPT if ICPT would work with NABP to "establish an unbiased panel of psychometricians and pharmacy practice experts and conduct an ***independent*** review" similar to the independent review NABP conducted of PTCE. (emphasis added). While NABP's review of the PTCE may have been independent when it was performed, the dynamics have changed. NABP is now "partnered" with PTCB, which inherently affects its ability to be independent. NABP's Executive Director is not only one of five members of PTCB's Board of Governors, he is the Chairman. Therefore, any review cannot be independent. ExCPT cannot provide its materials to a direct competitor. Doing so would only exacerbate NABP's conflict of interest.

That the NABP does not see its partnership with PTCB as a conflict of interest in this whole matter is surprising. NABP's recent letter writing campaign to other boards of pharmacy as ICPT seeks approval

⁶ See Exhibit "5"

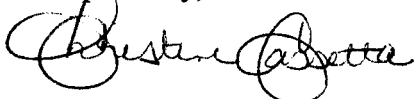
reinforces this conflict. In essence, NABP, whose partnership with PTCB puts them in direct competition with ICPT, wants confidential ICPT materials; wants to opine on the validity of the examination; and wants to influence this, and other, boards' decision making. While the Board may receive substantial benefit from its relationship with NABP, it cannot delegate its decision making responsibilities to an outside entity; especially one with an obvious conflict of interest. The Board has all the evidence it needs to determine the psychometric soundness of the ExCPT. NABP's position, as a direct competitor to ICPT, is irrelevant and its involvement is questionable, at best. In fact, NABP cannot, in this instance, possibly fulfill its own mission statement of being an "*independent, . . . impartial association* that assists its member boards . . . in developing, implementing, and enforcing uniform standards for the purpose of protecting the public." Under NABP's own standards, and pursuant to its own previous statements, ICPT, through its NCCA certification has been independently audited and measured against objective third-party standards that are widely accepted and highly regarded in the industry.

NABP also falsely states the ICPT has been denied by the Texas, Louisiana and Kentucky Boards of Pharmacy. The status of ICPT in Texas and Louisiana is addressed above. The Kentucky Board of Pharmacy considered ICPT's request at its January 9, 2009 meeting. The Board *did not* deny ICPT's request. Rather, the Board voted unanimously to begin the process of changing its rules to allow approval of an additional examination.⁷ As of this date, ICPT's request is still pending with Texas, Louisiana and Kentucky. Unless and until NABP can produce evidence of ICPT being informed of a denial in state that has evaluated the ExCPT, it should not make false and spurious statements about ICPT.

ICPT understands and respects that the relationship between the state boards and NABP is unique and invaluable in most circumstances. However, in this instance, NABP's financial interest in the PTCE presents a conflict of interest. And, although NABP closes its letter by saying its intention is to "assist the Board in making an informed decision based upon all of the facts," NABP ignores facts that inure to ICPT's benefit; makes untrue statements; and is not an unbiased or disinterested party in this matter. Based on its interest in PTCE, NABP has a vested interest in ICPT's failure.

ICPT has established that ExCPT is psychometrically sound to measure base competencies and that it will provide a needed service to both the Board and those persons seeking certification in Arizona. Accordingly, we respectfully request the Board approve ExCPT.

Respectfully,



Christine Cassetta

Encls.

⁷ Unfortunately, Kentucky does not make draft minutes available to the public. The January minutes will not be available until the Board approves them at its March 2009 meeting.

EXHIBIT "1"



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E-Mail: christine.cassetta@quarles.com

January 15, 2009

Kentucky Board of Pharmacy
Mike Burleson, Executive Director
Spindletop Administration Building – Suite 302
2624 Research Park Drive
Lexington, Kentucky 40511

Re: ICPT Request for Board Approval of ExCPT Test for Certification of Pharmacy Technicians

Dear Members of the Board and Mr. Burleson:

We represent the Institute for Certification of Pharmacy Technicians ("ICPT"). Rebecca M. Rabbitt, MS, PharmD; Chief Executive Officer of ICPT, appeared before the Kentucky Board of Pharmacy ("Board") on January 14, 2009 seeking the Board's approval of the ExCPT test ("ExCPT") for certification of Pharmacy Technicians.

During her appearance, the Board asked Ms. Rabbitt if ICPT's request had been denied by any other Board of Pharmacy. Ms. Rabbitt correctly answered "no." The Board then moved to begin the process to adopt/amend its regulations to allow for the ExCPT test. Subsequently, the Board's Executive Director called Ms. Rabbitt and told her he was aware that ICPT had been denied in Arizona. Ms. Rabbitt discussed the issue with Mr. Burleson. Mr. Burleson then requested that Ms. Rabbitt appear before the Board at its March meeting. Although Ms. Rabbitt will appear as requested, we hope that this letter addresses any concern the Board may have as to ICPT's status in Arizona and obviates the need for Ms. Rabbitt's March appearance.


Ms. Rabbitt has previously informally submitted information to the Arizona State Board of Pharmacy ("Arizona Board") and asked that the Arizona Board approve the ExCPT. The Arizona Board did discuss the matter and, largely based on its relationship with the National Association of Boards of Pharmacy ("NABP"), voted to not grant approval. However, the Arizona Board's rules provide for a specific manner in which requests are to be made to, and granted or denied by, the Arizona Board. *See* attached. Our opinion, which we shared with Ms. Rabbitt, and which she has granted us permission to share with the Board, was that her previous request to the Arizona Board was not an official request per the Arizona Board's Rule nor was the Arizona Board's motion that subsequently appeared in its minutes a proper denial.

Kentucky Board of Pharmacy
January 15, 2009
Page 2

We have submitted an official request to the Arizona Board for its consideration at its January 28, 2009 meeting. This request establishes ExCPT's psychometric equivalency to the NABP's examination and explains that the Arizona Board's Rule does not grant them any discretion to deny an examination that is of equivalent quality to the previously approved Board examination.

In sum, Ms. Rabbitt's answer to the Board's query about denials in other states was correct. ICPT is currently applying to the Arizona Board and has not been denied. Please contact me if you have any additional questions or concerns.

Respectfully,

A handwritten signature in cursive script, appearing to read "Christine Cassetta", written in black ink. The signature is fluid and somewhat stylized, with the first and last names being the most prominent parts.

Christine Cassetta

Encls.

Arizona Administrative Code
Title 4 – Professions and Occupations
Chapter 23 – Board of Pharmacy

ARTICLE 4. PROFESSIONAL PRACTICES

R4-23-401. Time-frames for Board Approvals and Special Requests

- A. To request a Board approval required by this Chapter or a special request to deviate from or waive compliance with a requirement of this Chapter, a person shall send a letter by regular mail, e-mail, or facsimile to the Board office, detailing the nature of the approval or special request, including the applicable Arizona Revised Statute or administrative code citation. This Section does not apply to a request from a person regarding the probation, suspension, or revocation of a license or permit.
- B. The Board office shall complete an administrative completeness review within 15 days from the date of receipt of a written request and immediately open a request file for the applicant.
 - 1. The Board office shall issue a written notice of administrative completeness to the applicant if no deficiencies are found in the request.
 - 2. If the request is incomplete, the Board office shall provide the applicant with a written notice that includes a comprehensive list of the missing information. The 15-day time-frame for the Board office to finish the administrative completeness review is suspended from the date the notice of incompleteness is served until the applicant provides the Board office with all missing information.
 - 3. If the Board office does not provide the applicant with notice regarding administrative completeness, the request is deemed complete 15 days after receipt by the Board office.
- C. An applicant with an incomplete request shall submit all of the missing information within 30 days of service of the notice of incompleteness.
 - 1. If an applicant cannot submit all missing information within 30 days of service of the notice of incompleteness, the applicant may send a written request for an extension to the Board office post-marked or delivered no later than 30 days from service of the notice of incompleteness.
 - 2. The written request for an extension shall document the reasons the applicant cannot meet the 30-day deadline.
 - 3. The Board office shall review the request for an extension of the 30-day deadline and grant the request if the Board office determines that an extension of the deadline will enable the applicant to assemble and submit the missing information. An extension shall be for no more than 30 days. The Board office shall notify the applicant in writing of its decision to grant or deny the request for an extension. An applicant who requires an additional extension shall submit an additional written request according to subsections (C)(1) and (C)(2).

- D. If an applicant fails to submit a complete request within the time allowed, the Board office shall close the applicant's request file. An applicant whose request file is closed and who later wishes to obtain an approval or special request shall apply again according to subsection (A).
- E. From the date on which the administrative completeness review of a request is finished, the Board shall complete a substantive review of the applicant's request in no more than 120 days.
 - 1. The Board shall:
 - a. Approve the request,
 - b. Deny the request, or
 - c. If the Board determines deficiencies exist, request that the applicant produce additional documentation.
 - 2. If the Board approves or denies, the Board office shall issue a written approval or denial.
 - 3. If the Board finds deficiencies during the substantive review of a request, the Board office shall issue a written request to the applicant for additional documentation.
 - 4. The 120-day time-frame for a substantive review of a request for approval or special request is suspended from the date of a written request for additional documentation until the date of the next Board meeting after all documentation is received. The applicant shall submit the additional documentation according to subsection (C).
 - 5. If the applicant and the Board office mutually agree in writing, the 120-day substantive review time-frame may be extended once for no more than 30 days.
- F. If the applicant fails to submit the additional information requested within the time allowed, the Board office shall close the applicant's request file. An applicant whose request file is closed and who later wishes to obtain an approval or special request shall apply again according to subsection (A).
- G. For the purpose of A.R.S. § 41-1072 et seq., the Board establishes the following time-frames for a Board approval required by this Chapter or a special request to deviate from or waive compliance with a requirement of this Chapter:
 - 1. Administrative completeness review time-frame: 15 days;
 - 2. Substantive review time-frame: 120 days; and
 - 3. Overall time-frame: 135 days.

Historical Note

Former Rule 4.1000; Former Section R4-23-401 repealed, new Section R4-23-401 adopted effective August 9, 1983 (Supp. 83-4). Amended effective May 16, 1990 (Supp. 90-2). Repealed effective August 24, 1992 (Supp. 92-3). New Section made by final rulemaking at 9 A.A.R. 3184, effective August 30, 2003 (Supp. 03-3).

EXHIBIT "2"



TEXAS STATE BOARD OF PHARMACY

Board Committee on Pharmacy Technician Examinations

**January 28, 2009
9:30 a.m. – 3:00 p.m.
Texas State Board of Pharmacy
William Hobby Building, Room 2-500
333 Guadalupe Street
Austin, Texas**

A G E N D A

- I. Call to Order and Welcome (9:30 a.m.)
- II. Review of Background Material
- III. Consideration and Discussion Concerning Board Approval of Entity Providing Examination and Certification of Pharmacy Technicians
- IV. Possible Decision Regarding Entities Providing Examination and Certification of Pharmacy Technicians
- V. Adjournment (No later than 3:00 p.m.)

**Texas State Board of Pharmacy
Public Hearing and Board Business Meeting
333 Guadalupe Street, Suite 2-225
Austin, Texas**

Tuesday, November 18, 2008
9:00 a.m. – Conclusion

A G E N D A

A. BF Announcements

- Meeting Procedures
- Board Members
- Staff
- Continuing Education

B. BF Discussion and Approval of Minutes of TSBP Public Hearing and Board Business Meeting, Held August 5-6, 2008 (Tab 01)

C. AB Discussion of and Possible Action Regarding Rules and Rule Reviews

C.1 Final Adoption of Rules

- C.1.1 Amendments to §281.66 Concerning Applications for Reissuance or Removal of Restrictions of a License (Tab 02)
- C.1.2 Amendments to §291.33 Concerning Storage of Drugs (Tab 03)
- C.1.3 Amendments to §295.8 Concerning Continuing Education Requirements for Pharmacists (Tab 04)

C.1.4 Amendments to §297.3 Concerning Registration Requirements for Pharmacy Technicians (Tab 05)

C.1.5 Amendments to §§283.7-283.8 Concerning Criminal Background Checks for Examination and Reciprocity Applicants (Tab 06)

C.2 Proposal of Rules

C.2.1 Amendments to §291.33 Concerning Type-size for Prescription Labels and Written Information; Prescriptions Issued for a Specific Manufacturer or the Same Manufacturer; and Identification of the Dispensing Pharmacist on the Prescription Label (Tab 07)

C.3 Rule Reviews in Accordance with Government Code, §2001.039 (Tab 08)

C.3.1 For Proposal

C.3.1.1 Chapter 297 Concerning Pharmacy Technicians (§§297.1-297.9) (Tab 09)

D. Updates and Reports of Committees/Task Forces

PH D.1 Task Force on Class C Pharmacies

E. Discussion of and Possible Action Concerning the Following Reports and Discussions

CS E.1 Financial Update

E.1.1 Review and Approval of FY2008 Expenditures (Tab 10)

E.1.2 Report and Discussion Concerning Governor's Request for Reduction in Expenditures (Tab 11)

E.1.3 Review of Board Member Travel Budget (Tab 12)

E.1.4 Update on Legislative Appropriations Request for FY2010-2011, Including Selection of Vendor and Cost for Shared Data Base Project (Tab 13)

PH E.2 Update Concerning Program to Aid Impaired Pharmacists and Pharmacy Students

E.2.1 Professional Recovery Network (PRN)

E.2.1.1 Update on Number of Individuals Participating in Program (Tab 14)

E.2.1.2 Presentation and Discussion Concerning PRN Expenditures and Activities by PRN Staff (Tab 15)

GD E.3 Consideration of Providers of Pharmacy Technician Certification Examinations

E.3.1 Presentation by Institute for the Certification of Pharmacy Technicians (ICPT) (Tab 16)

E.3.2 Presentation by Pharmacy Technician Certification Board (PTCB) (Tab 17)

E.3.3 Public Comments (Tab 18) (See Information at End of Agenda)*

GD E.4 Report on TSBP Activities in Response to Hurricane Ike

GD E.5 Report on House and Senate Interim Committees (Tab 19)

- **House Public Health Subcommittee on Implementation of SB 1879**

GD E.6 Discussion of Possible Statutory Changes for Consideration During the 81st Session of the Texas Legislature (Tab 20)

F. CF Consideration of and Possible Action Concerning the Following Enforcement Reports

F.1 Consideration of Petition(s) to Serve as a Preceptor

F.1.1 Stephen G. Nepveux (Tab 21)

F.1.2 Shelly Peters (Tab 22)

F.2 Report on Complaints Closed and Dismissed During the
Previous Quarter (Tab 23)

F.3 Report on Status of Active/Pending Complaints (Tab 24)

G. Disciplinary Orders

KA G.1 Report on Agreed Board Orders Entered by Executive
Director

KA G.2 Discussion of and Action on Proposed Agreed Board Orders
and Default Orders

G.3 Executive Session to Consider Confidential Agreed Board
Orders

H. Miscellaneous

BF H.1 Items to be Placed on Agenda for February 2009 Board
Meeting (Tab 25)

H.2 Discussion of and Possible Action on Recent Conferences
and Events

- NACDS Pharmacy Conference, San Diego, CA,
August 23-27, 2008 (Caldwell)
- NABP/AACP District VI, VII, and VIII Annual Meeting,
Park City, UT, September 17-20, 2008 (Fry, Mendoza,
Waggener, Dodson)
- NCPA Annual Meeting, Tampa, FL, October 11-15, 2008
- AMCP Educational Conference, Kansas City, MO,
October 15-18, 2008
- TFDS Annual Meeting, Austin, October 16-17, 2008
(Dodson)

H.3 Discussion of and Possible Action on Upcoming
Conferences and Events (Tab 26)

- ASCP Annual Meeting, New Orleans, LA,
November 19-22, 2008
- ASHP Mid-Year Clinical Meeting, Orlando, FL,
December 7-11, 2008
- Informal Conferences, Austin, December 9-11, 2008
(Combs)
- Technician Informal Conferences, Austin,
December 18, 2008 (Wiesner)
- Informal Conferences, Austin, January 13-15, 2009
(Caldwell)
- Technician Informal Conferences, January 22, 2009
(Kedron)
- TSBP Board Business Meeting, Austin,
February 10-11, 2009
- Informal Conferences, Austin, February 17-19, 2009
(Kedron)
- Technician Informal Conferences, Austin,
February 26, 2009 (Combs)
- Informal Conferences, Austin, March 10-12, 2009
(Fry)
- Technician Informal Conferences, Austin,
March 26, 2009 (Combs)
- APhA Annual Meeting, San Antonio, April 3-7, 2009
- Informal Conferences, Austin, April 7-9, 2009
(Waggener)
- AMCP Annual Meeting, Orlando, FL, April 15-18, 2009
- TSHP Annual Seminar, Austin, April 15-21, 2009

AGENDA, Board Business Meeting
November 18, 2008
Page 6

- NACDS Annual Meeting, Palm Beach, FL, April 18-22, 2009
- Technician Informal Conferences, Austin, April 23, 2009 (Waggener)

* Written comments may be submitted in lieu of oral comments. Written comments should be mailed to Gay Dodson, Texas State Board of Pharmacy, 333 Guadalupe, Suite 3-600, Austin, TX 78701-3943; emailed to gay.dodson@tsbp.state.tx.us; or faxed to Gay Dodson at 512/305-8082; and should be received no later than Monday, November 10, 2008. If you are unable to meet this deadline for written comments and would like to have your written comments distributed during the Board meeting, please bring 30 copies to the meeting.

THE TEXAS STATE BOARD OF PHARMACY MAY ENTER EXECUTIVE SESSION TO CONSIDER ANY AGENDA ITEM WHEN PERMITTED BY TEXAS LAW.

Persons with disabilities who plan to attend this meeting and who may need auxiliary aids or services such as interpreters for persons who are deaf or hearing impaired, readers, large print or Braille, are requested to contact Cathy Stella at (Voice) 512/305-8000, (FAX) 305-8075, or TDD 1-800/735-2989. Requests for reasonable accommodations should be made five working days prior to the meeting so that appropriate arrangements can be made.

EXHIBIT "3"

Institute for the Certification of Pharmacy Technicians

2536 S Old Hwy 94, Suite 214, St. Charles, MO 63303

www.nationaltechexam.org

Phone: 314-442-6775

Fax: 866- 203-9213



July 1, 2008

Malcolm Broussard
Executive Director
Louisiana Board of Pharmacy
5615 Corporate Blvd, Suite 8E
Baton Rouge, LA 70808-2537

Dear Mr. Broussard,

Thank you for the return message indicating the ICPT request for approval of the ExCPT® is still under review with the Executive Committee. I have since been able to get some history from Dr. Schafermeyer.

I wanted to make sure the Executive Committee had the most recent information from ICPT. In particular, ICPT received accreditation of their pharmacy technician certification program, ExCPT, from the National Commission for Certifying Agencies. This accreditation is a third party validation that the ExCPT meets the strict standards NCCA has established for certifying agencies. We have shared this information with NABP and we look forward to their support given their April 24, 2008 memo recognizes NCCA accreditation as an independent audit by certification experts and ensures that a certification program adheres to current standards of practice in the certification industry.

Can you please advise me when the next Executive Committee meeting is? I would like to make sure you, the Executive Committee and the Board have complete information from ICPT. Additionally, I would like a representative from ICPT to attend any open meetings to be a resource for the Board's questions.

Sincerely,

A handwritten signature in cursive script, reading "Rebecca M. Rabbitt".

Rebecca M. Rabbitt, MS, PharmD
Chief Executive Officer, ICPT
Sponsors of ExCPT

Enc: NCCA Accreditation Press Release
Cc: Mary Staples, NACDS
Carl Aron, Board President

Cassetta, Christine

From: Becky Rabbitt, Pharm.D. [becky@icptmail.org]
Sent: Thursday, December 11, 2008 1:16 PM
To: lvande@lsuhsc.edu
Cc: exec@labp.com; aron_cw@yahoo.com
Subject: Review of the ExCPT by the Louisiana Board

Attachments: becky.vcf



becky.vcf (617 B)

Dr. Anderson,

I believe we met at the NABP meeting in Utah a few months ago and talked briefly about the status of ICPT's request to review the ExCPT. In corresponding with Mr. Broussard, I was informed that the request was before the Executive Committee and as of July there was no date established for review by the committee. I understand the Board was busy with work created by the recent hurricanes. In our brief discussion in Utah, I understood that the Board would have time in the first part of 2009 to review ICPT's request.

I have provided information to Mr. Broussard last July but I am happy to prepare another packet of information for the committee and/or the Board. I would like to talk with you briefly to understand the process, understand how ICPT can participate and provide our team here a sense of the time line for review and approval. Would you have a few minutes to talk with me?

Thank you. I look forward to hearing from you.

Becky
314 323 9207

EXHIBIT "4"

NOCA and NCCA

NOCA is a member-based organization dedicated to providing educational, networking, and advocacy resources to credentialing organizations. NOCA provides its members with best practices to grow and maintain a successful certification program, while NCCA evaluates those programs for compliance with the Standards.

NOCA promotes excellence in competency assessment for practitioners in all occupations and professions by:

- Providing expertise and guidance;
- Developing and implementing standards for accreditation of certification programs through NCCA;
- Providing educational and networking resources; and,
- Serving as an advocate on certification issues.

For more information on NOCA please visit www.noca.org.

Visit www.noca.org/ncca today to learn more about how you can get your programs accredited through the NCCA.



2025 M Street, N.W.
Suite 800
Washington, DC 20036

Phone: 202.367.1165
Fax: 202.367.2165
www.noca.org
info@noca.org

National Commission for Certifying Agencies
Setting Quality Standards for
the Certification Community



What is NCCA?

The National Commission for Certifying Agencies (NCCA) is the leader in setting quality standards and providing accreditation services to certification programs covering hundreds of professions and occupations. NCCA, the accrediting division of the National Organization for Competency Assurance (NOCA), has been serving the credentialing profession for over 30 years.

NCCA's Mission

To ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs that assess professional competency, NCCA uses a peer review process to:

- Establish accreditation standards;
- Evaluate compliance with the standards;
- Recognize programs which demonstrate compliance; and,
- Serve as a resource on quality certification.

NCCA's Vision

To be an administratively independent resource, recognized as the authority on accreditation standards for professional certification programs. Based on sound principles, NCCA standards will be optimal and comprehensive criteria for organizational process and performance. They will be broadly recognized, objective, and current benchmarks for certifying bodies to achieve and by which they operate.

The Value of NCCA Standards

Standards for the Accreditation of Certification Programs

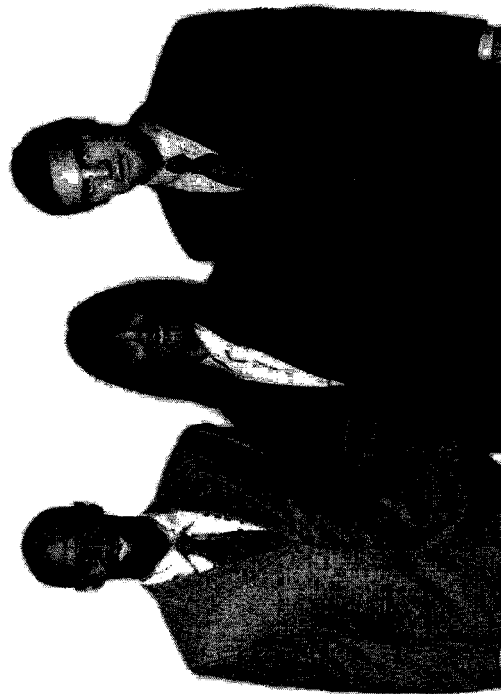
The *NCCA Standards for the Accreditation of Certification Programs* were the first standards established for professional certification programs. The standards consist of comprehensive criteria for the core elements of certification programs including governance, psychometrics, and recertification. NCCA's Standards exceed the certification requirements set forth by the American Psychological Association and the U.S. Equal Employment Opportunity Commission.

Value of Accreditation

NCCA accreditation demonstrates to your board, your profession, and your certificants that your certification program has been reviewed by a highly qualified third-party panel of impartial experts, who have determined that your program has met the stringent standards of NCCA. In addition, the accreditation process provides an opportunity for you to conduct a thorough self-analysis of your program using the NCCA standards.

NCCA Accreditation in Federal and State Legislation

NCCA Standards and accreditation services are referenced requirements in state and federal legislation pertaining to personnel certification. Regulatory authorities have come to trust the credible third-party verification that NCCA provides.



Overview of the Accreditation Process

To apply for NCCA Accreditation, an organization goes through a series of steps to demonstrate compliance with the Standards. While this exact path may vary among organizations, below is an example of the typical application process.

Letter of Intent

Organizations wishing to apply for NCCA accreditation of their certification program should submit a letter of intent approximately 90 days prior to submitting the application.

1

Application Submittal

Documentation listed as required must be provided in the appendices, and explanations must accompany each Standard and reference the documentation that demonstrates compliance.

2

Application Review and Decision

Once NCCA staff has received all applications for a given deadline, they are reviewed by the Commissioners who make the decision to accredit, deny, or defer each program.

3

Accreditation

Applicants who have documented compliance with all of the NCCA Standards receive accreditation of their program(s). Accreditation is generally granted for a period of 5 years, unless the organization already has an accredited program, in which case the accreditation period will coincide with the previously accredited program.

4

Annual Reports

NCCA requires that each accredited program complete an annual report form to enable us to monitor continuing compliance with the NCCA Standards.

5

Reaccreditation

Prior to accreditation expiration, applicants are required to submit a renewal application. The renewal and review processes are the same as the initial application where applicants are required to submit a full application and supporting documentation.

6

Visit www.noca.org/ncca today to learn more about how you can get your programs accredited through the NCCA.

From NCCA's "Frequently Asked Questions" Webpage

What does the NCCA mean by "assessment instruments?"

The glossary provided with the NCCA Standards document defines an "assessment instrument" as:

Any one of several standardized methods for determining if candidates possess the necessary knowledge and/or skill related to the purpose of the certification.

The NCCA is using this broader term in its new standards and accreditation process because it applies not only to the traditional multiple-choice, paper-and-pencil examination, but also to the increasing number of computer-based tests (e.g., linear, adaptive, essays, simulations and so forth) and other assessment methods such as oral examinations, written simulations, case scenarios and portfolio assessments.

A certification program may require candidates to complete one or more standardized assessment instruments. When applying for NCCA accreditation, organizations must provide documentation for each assessment instrument used to make certification decisions for a given program. The goal of the Commission is to ensure that assessment instruments used to make certification decisions, whether traditional written or computer-based examinations, performance-based assessments or some other evaluation tool, are fair, reliable and valid.

EXHIBIT "5"



FOR IMMEDIATE RELEASE

Contact: Kathleen G. Kline

Tel: 202-429-4123

Email: kgk@ptcb.org

**PTCB'S NATIONAL PHARMACY TECHNICIAN CERTIFICATION
PROGRAM IS ACCREDITED BY THE NCCA**

Washington, DC, February 22, 2007 – The Pharmacy Technician Certification Board (PTCB) is pleased to announce that on December 15, 2006 the National Commission for Certifying Agencies (NCCA) granted accreditation to PTCB's National Pharmacy Technician Certification program for demonstrating compliance with the *NCCA Standards for the Accreditation of Certification Programs*. NCCA is the accrediting body of the National Organization for Competency Assurance (NOCA) which accredits certification programs based on the highest quality standards in professional certification. The process ensures that programs adhere to modern standards of practice in the certification industry. PTCB joins an elite group of 72 organizations with 176 programs that have received and maintained the prestigious NCCA accreditation.

"PTCB seeks to uphold the highest standards for its certificants and stakeholders. As the only pharmacy technician certification organization with a program accredited by the NCCA, PTCB sets the standard for excellence as evidenced by its support of employers in all 50 states, and its inclusion in the regulations of 30 state boards of pharmacy," said Melissa Murer Corrigan, RPh, PTCB Executive Director/CEO.

The NCCA accreditation process included a comprehensive review of PTCB's certification program to measure its compliance against industry standards for a quality certification program. The purpose of NCCA accreditation is to provide the public and other stakeholders the means by which to identify certification programs that serve their specific competency assurance needs.

"The NCCA's review and acceptance of PTCB's national Pharmacy Technician Certification program represents an independent audit by industry experts, and differentiates PTCB in the marketplace. The National Association of Boards of Pharmacy (NABP) recognizes the importance of certification programs being measured against NCCA's objective, third-party standards that are widely accepted and highly regarded in the certification industry," said NABP Executive Director, Carmen A Catizone, MS, RPh.

PTCB transitioned its *Pharmacy Technician Certification Examination (PTCE)* to a computer-based testing (CBT) format in February 2007. Coupled with the recent NCCA accreditation, the move to a CBT format demonstrates PTCB's continued commitment to provide the psychometrically-sound, nationally recognized examination with the highest levels of quality, service and security. PTCB has contracted with Pearson VUE, the industry's technology leader, as its CBT testing vendor, and will continue to draw upon the experience and expertise of its 12-year partner, Professional Examination Service (PES) for test development.

The goal of PTCB national certification is to enable pharmacy technicians to work more effectively with pharmacists to offer safe and effective patient care and safety. Since its inception in 1995, PTCB has certified over 250,000 pharmacy technicians through the PTCE and transfer process.

NR007-01

www.ptcb.org



The PTCB Pharmacy Technician Certification Program is NCCA Accredited

NCCA accreditation represents an objective, independent audit by industry experts and ensures that PTCB's certification program adheres to current standards of practice in the certification industry.

Measuring the National Standard for Excellence

On December 15, 2006 the PTCB joined an elite group of 72 organizations with 176 programs that have received and maintained NCCA accreditation. PTCB received NCCA accreditation of its Pharmacy Technician Certification Program by demonstrating the program's compliance with the NCCA's Standards for the Accreditation of Certification Programs. The NCCA accreditation process entailed a lengthy review of PTCB's procedures, protocols, and operations. NCCA accreditation demonstrates that PTCB's certification program properly discriminates between those who are qualified and those who are not qualified to be awarded the CPhT credential. PTCB is the only pharmacy technician certification organization that has received this prestigious accreditation.

NCCA Standards addressed the structure and governance of PTCB, the characteristics of PTCB's certification program, the information required to be available to exam candidates, certificants, and the public, and the recertification initiatives of PTCB. PTCB's test development and administration procedures, psychometric analyses, and policies and procedures all meet NCCA's stringent standards. NCCA's Standards for compliance exceed the requirements set forth by the American Psychological Association and the U.S. Equal Employment Opportunity Commission. To view the standards visit www.noca.org/ncca/ncca.htm.

Understanding the Importance of NCCA Accreditation to PTCB

Who is the National Commission for Certifying Agencies?

Since 1977, the NCCA has been accrediting certification programs based on the highest quality standards in professional certification to ensure the programs adhere to current standards of practice in the certification industry. The NCCA is the accrediting body of the National Organization for Competency Assurance (NOCA) and is the leader in setting certification program quality standards. NCCA's mission is to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs that assess professional competency.

What benefits does NCCA accreditation bring to the pharmacy profession?

The NCCA's review and acceptance of PTCB's national Pharmacy Technician Certification Program represents an independent audit by industry experts. NCCA has developed criteria used to ensure that accredited programs provide fair, valid, and reliable assessment tools; defined levels of accountability and decision-making; and continuing competency. Through NCCA accreditation, PTCB is able to show our stakeholders and certificants that our certification program has met independent, professional standards.

What criteria did NCCA use to evaluate the PTCB certification program?

NCCA accreditation requires PTCB to comply with unbiased exam validation procedures, yield to third party governance and accountability, and adopt operational protocols.

What other organizations are NCCA accredited?

NCCA accredited programs certify individuals in a wide range of professional and occupational programs including: American Association of Critical-Care Nurses Certification Corporation, the National Academy of Sports Medicine, and the National Council of Strength and Fitness.

For more information on NCCA accreditation please visit the NOCA website at www.noca.org or email PTCB at info@ptcb.org.



February 3, 2009

Ms. Gay Dodson, R.Ph.
Members of the Board
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701

Dear Ms. Dodson & Members of the Board:

On behalf of our members operating approximately 2,648 chain pharmacies in Texas, the National Association of Chain Drug Stores (NACDS) would like to share with the Texas State Board of Pharmacy ("Board") our perspectives on pharmacy technician certification exams.

NACDS supports providing pharmacy technicians with a choice in pharmacy technician certification exams. We believe that technicians should be permitted to meet the state certification exam requirement by passing either the Pharmacy Technician Certification Board (PTCB) National Pharmacy Technician Certification Exam or the Institute for the Certification of Pharmacy Technicians (ICPT) Exam for the Certification of Pharmacy Technicians (ExCPT). We strongly urge the Board to approve the ExCPT for use in Texas as an alternative to the current PTCB certification exam requirement. NACDS believes that the ExCPT will provide pharmacy technicians with an economical and equally effective alternative to meet the "board-approved pharmacy technician certification examination" requirement under TX Occupations Code Sec. 568.001 (a)(2) and 22 TAC 297.3 (c)(1)(B).

413 North Lee Street
P.O. Box 1417-D49
Alexandria, Virginia
22313-1480

The ExCPT was developed by the ICPT to evaluate the knowledge and skills associated with the performance of tasks required for professional practice as a pharmacy technician. Like the PTCB exam, the ExCPT has received accreditation from the National Commission for Certifying Agencies (NCCA) which ensures that it adheres to the industry's current standards of practice. In February 2007, the National Association of Boards of Pharmacy (NABP) recognized "the importance of certification programs being measured against NCCA's objective, third party standards that are widely adopted and highly regarded in the certification industry."¹

The ExCPT, which has been shown to be psychometrically sound and applicable to all pharmacy practice settings, is currently used in more than 30 other states as an effective tool to evaluate pharmacy technicians. We believe that it is in the best interest of pharmacy technicians in the state of Texas to be provided with exam options that work best for them in their individual practice settings, especially now that the ExCPT exam has been shown to meet the same rigorous standards as PTCB, as recognized by NABP. Pharmacy technicians are valuable members of the pharmacy team and are deserving of such.

On behalf of NACDS members operating in Texas, we thank you for the opportunity to share our views on technician certification exams.

Sincerely,



Mary Staples

(703) 549-3001
Fax (703) 836-4869
www.nacds.org

¹ PTCB Press Release, February 22, 2007