



TEXAS STATE BOARD OF PHARMACY

1801 Congress Avenue Suite 13.100 ★ Austin, Texas 78701
512-305-8000 ★ www.pharmacy.texas.gov

APPLICATION TO ALLOW PHARMACY TECHNICIANS TO VERIFY THE ACCURACY OF ANOTHER PHARMACY TECHNICIAN (TECH-CHECK-TECH)

PHARMACY INFORMATION				
NAME OF HOSPITAL				LICENSE NUMBER
Pharmacy Phone Number	Address	CITY	STATE	ZIP
()				
PHARMACIST-IN-CHARGE INFORMATION				
FIRST NAME	MIDDLE	LAST		LICENSE NUMBER
CONTACT NUMBER	()	EMAIL ADDRESS		
NAME AND REGISTRATION NUMBER OF PHARMACY TECHNICIANS (attach additional pages if necessary)				
PHARMACY TECHNICIAN NAME (ensure employment roster is current with TSBP)				REGISTRATION NUMBER

PLEASE NOTE: the pharmacy may NOT allow pharmacy technicians to check the work of other pharmacy technician until an amended license is issued.

Attach documentation that the pharmacy has an ongoing clinical pharmacy program. An ongoing clinical pharmacy is a program in which pharmacists provide direct focused, medication-related care for the purpose of optimizing patients' medication therapy and achieving definite outcomes, and includes the following activities:

- A. prospective medication therapy consultation, selection, and adjustment;
- B. monitoring laboratory values and therapeutic drug monitoring;
- C. identifying and resolving medication-related problems; and
- D. disease state management.

SUBMIT THIS APPLICATION AND DOCUMENTATION OF AN ONGOING CLINICAL PHARMACY PROGRAM TO techchecktech@pharmacy.texas.gov

QUESTIONS REGARDING THE APPLICATION SHOULD ALSO BE SENT TO techchecktech@pharmacy.texas.gov

THIS APPLICATION MUST BE UPDATED BIENNIALLY IN CONJUNCTION WITH THE APPLICATION FOR RENEWAL OF THE PHARMACY'S LICENSE.

I hereby attest that the information on this form, as well as the information on any attachment(s) to this form, is true and correct to the best of my knowledge and the information is given of my own free will. I agree that any misstatement(s) and/or omission(s) will constitute violation of the Texas Pharmacy Act, and may subject me to disciplinary action by the board.

Signature of Pharmacist-in-Charge

Date