



TEXAS
PHARMACY TECHNICIAN
EXTERNSHIP BOOKLET

(800) 927-5159 • www.calregional.com

TXPT230104

Pharmacy Technician Trainee Registration Application

A Pharmacy Technician Trainee is an individual who is registered with the board as a pharmacy technician trainee and is authorized to participate in a pharmacy's technician training program.

Technician Trainee registration is issued for only two (2) years and is not renewable.

All application fees are non-refundable – including applications made in error. Technician Trainee should take and pass the [Pharmacy Technician Certification Board Exam \(PTCB\)](#) or the [Exam for the Certification of Pharmacy Technicians \(ExCPT\)](#) and upgrade before the technician trainee registration expires.

To obtain a technician trainee registration, visit the following website and complete the steps below:

<https://www.pharmacy.texas.gov/TechTrainee.asp>.

Step 1: [Register for a secure online account](#). Use a personal email address that belongs to you, not a school assigned email address.

Step 2: After you register and log-in, click on "apply for a new license" then click on "Initial Technician Trainee". Assure the address you enter on the application is accurate (include apartment number). This should be an address where you receive mail from the US Postal Service.

Step 3: Pay the application fee with MasterCard, Visa, Discover, or American Express.

Step 4: Applicants are required to complete a fingerprint session. The fee for fingerprinting is less than \$50. Fingerprint session instructions will be sent to the applicant via email after the application has been received by the board. For more information see [FAQ for Fingerprinting](#).

Applicants (using an address) not located in Texas, will receive a packet in the mail with a fingerprint form and instructions sheet because the approved state vendor does not always allow a digital scan. The fingerprint packet is automatically mailed to the address provided on the application. Allow 2 to 3 weeks the packet to arrive via U.S. Postal Service.

If you have submitted an application and did not receive an auto response email, including fingerprint information with a copy of your application, contact the Board at (512) 305-8000.

Step 5: Allow a minimum of three (3) weeks for registration to be issued (unless you have something on your background – refer to ["Information Regarding Criminal History"](#)).

Once an application is approved, a registration number is issued with ACTIVE status. Do not perform technician trainee duties until the ACTIVE status and registration number is issued.

Once the registration has been issued, allow a minimum of 48 hours for a certificate to be available for online printing. ACTIVE registrations are verifiable online

at: http://www.pharmacy.texas.gov/dbsearch/tech_search.asp

Applicants are urged to refrain from contacting TSBP staff regarding open applications, especially if the application is **not yet issued due to criminal history**. Repeated attempts to reach staff will further delay processing time. All "Yes" responses to Criminal Background Questions and any "Hits" of criminal history on your fingerprint results must be reviewed by an in-house enforcement officer. This review process may take several months. If you have nothing on your background, and it has been more than 4 weeks since you applied AND got fingerprinted, then perhaps you should contact TSBP staff.

Externship Booklet

This Externship Booklet includes important guidelines and documents for students to successfully complete their externship. Students are required to bring their Externship Booklet with them to class and to their externship each day. For more information, refer to the Student Handbook.

Students need to complete the information below:

Student Name:	
Address:	
Phone:	
School/Program Attended:	

Externship Site Name:	
Address:	
Phone:	
Preceptor Name:	
Externship Start Date:	
Externship End Date:	

Students will be required to attend externship sites during the hours assigned, which are full-time and vary from the program schedule. If the student declines a scheduled externship and/or the externship coordinator is unable to contact the student, or the student is dropped from the externship site for any reason, the student will be dropped from the program and will not be eligible for a certificate or refund of any kind.

100% attendance is required at externship. Students must notify their externship site and their externship coordinator if they have an emergency and have to miss a day. If a student does not call and does not show up, they are automatically dropped from the program.

COMPLETION CHECKLIST - Complete and check off each box before sending in your Externship Booklet.

- At least 120 hours of externship
- Externship Sign-in Log
- Student Externship Evaluation - Completed by preceptor
- Evaluation of Clinical Setting – Completed by student
- Keep a copy of your Externship Booklet for your records**

Scan and email a pdf of your Externship Booklet to externships@calregional.com

EXTERNSHIP BOOKLET DEADLINE

Students are required to turn in a completed Externship Booklet within 14 days of the last day of externship. **Students who do not turn in their Externship Booklet within 14 days of the last day of externship may be dropped from the program and will not be issued a certificate or be eligible for a refund.**

A NOTE TO THE PRECEPTOR

Thank you for hosting our healthcare training student. We appreciate your contribution to the success of our students. Please contact CALRegional at (800) 927-5159 immediately if you have any questions or concerns. This booklet contains all of the paperwork required for the student to complete the program.

Here is a list of what we ask of you:

- **Student's Schedule:** Verify student's externship schedule.
- **Externship Sign-In Log:** Sign off on the dates and hours the student has completed on a daily basis.
- **Student Evaluation Form:** To be completed by preceptor at the end of the externship.

It is the student's responsibility to provide a copy of the externship booklet to CALRegional.

Thank you again for your participation.

Health Care Portability and Accountability Act (HIPAA) Form

Dear Student,

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the program. The discussion, transmission, or narration in any form by students of any patient information obtained in the regular course of the program is forbidden except as permitted by law. Please review and sign this Health Insurance Portability and Accountability Act (HIPAA) form.

HIPAA STATEMENT

Notification of privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) was distributed and discussed during the classroom portion of this program. It is your responsibility as a student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position in the allied healthcare field.

Please review the HIPAA notification thoroughly and keep it with your Externship Booklet.

I have read and understand the HIPAA regulations. (Please Print and Sign Your Name)

Print Name

Signature

Date

Externship Sign-in Form

Student Name: _____

	DATE	LOCATION	HOURS SPENT	PRECEPTOR'S INITIALS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Externship Sign in Form Continued

Student Name: _____

	DATE	LOCATION	HOURS SPENT	PRECEPTOR'S INITIALS
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
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50.				

Attach additional time sheet if needed

Student Externship Evaluation Form - Proctor

The Student Externship Evaluation should be filled out by the student's preceptor on or before the last day of externship. Fill in the student information below and ask your preceptor to complete the form.

Student Name:			
Extern Site:			
Start Date:		End Date:	

Please evaluate the above-named student in the following areas. Guidelines are as follows:

4 = excellent	3 = above average	2 = average	1 = needs improvement
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PERFORMANCE

The student demonstrates:

Pharmacy Technician Student					
Ability to learn and retain information	4	3	2	1	N/A
Correct techniques in paperwork procedures	4	3	2	1	N/A
Knowledge of top 200 drugs and inventory	4	3	2	1	N/A
Set-up and clean-up of pharmacy	4	3	2	1	N/A
Sufficient speed in completing task	4	3	2	1	N/A
Care of instruments and equipment	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Pharmacy Technician Student					
Interest in improving	4	3	2	1	N/A
Ability to learn new procedures	4	3	2	1	N/A
Punctuality/Attendance	4	3	2	1	N/A
Positive attitude	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Pharmacy Technician Student					
Ability to complete tasks	4	3	2	1	N/A
Undertaking of responsibilities	4	3	2	1	N/A
Anticipation of Pharmacist/coworker's needs	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Pharmacy Technician Student					
Neatness in accomplishing work	4	3	2	1	N/A
Professionalism in personal appearance	4	3	2	1	N/A

PATIENT/STAFF RELATIONS

The student demonstrates:

Pharmacy Technician Student					
Ability to put patients/clients at ease	4	3	2	1	N/A
Cooperation with staff	4	3	2	1	N/A
Ability to function under stress	4	3	2	1	N/A
Use of correct terminology	4	3	2	1	N/A

Please provide additional information on the student below.

Student appears to show strength in these areas:

Student could benefit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding_____ Above Average_____ Average_____ Unsatisfactory_____

Preceptor Signature:			
Print Name:		Date	
Title:		Phone:	
Email address:			
Site Name:			
Address			

Evaluation of Pharmacy - Student

This form should be filled out by the **student** on or before the last day of the externship.

Instructions: Read each statement and mark your response on this form.

Pharmacy Technician Externship Site	4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable				
	4	3	2	1	N/A
1. The number of patient/client interactions and prescriptions filled was sufficient.					
2. The variety of learning opportunities was sufficient.					
3. The staff provided positive feedback.					
4. There were sufficient resources (personnel and supplies) available.					
5. Site staff created a supportive learning environment.					
6. If hiring, the site would be a great place to work.					

Upgrade Your Pharmacy Technician Trainee Registration to a Registered Pharmacy Technician

A Pharmacy Technician is an individual who is registered with Texas State Board of Pharmacy (TSBP) as a pharmacy technician and whose responsibility in a pharmacy is to provide technical services that do not require professional judgment regarding preparing and distributing drugs and who works under the direct supervision of and is responsible to a pharmacist.

Pharmacy Technicians must first take and pass a national certification examination through [Pharmacy Technician Certification Board \(PTCB\)](#) or [Exam for the Certification of Pharmacy Technicians \(ExCPT\)](#). The certification must be current (future expiration date).

See www.ptcb.org or www.nhanow.com/certifications/pharmacy-technician for certification information.

If you have never had a technician trainee registration, refer to the “initial pharmacy technician” registration process at: <http://www.pharmacy.texas.gov/regtech.asp>

All application fees are non-refundable – including applications made in error.

To obtain an upgrade from a technician trainee to a technician, please visit the following website and complete the steps below: <https://www.pharmacy.texas.gov/Upgradetech.asp>

Step 1: [Log-in to your secure online account.](#) This should be the same information you used apply for technician trainee.

Step 2: Click on your pharmacy registration number to the right of the page. Select “upgrade to technician” hyperlink on left side of page. Verify your address is correct (an address where you receive mail from the U.S. Postal Service, including apartment number).

Step 3: Provide the PTCB or ExCPT number and expiration date. The certification must be current (future expiration date). See www.ptcb.org or www.nhanow.com for certification information.

Step 4: Pay the application fee with MasterCard, Visa, Discover, or American Express

Step 5: Applicants are required to complete a fingerprint session, unless their Tech Trainee registration is currently active **AND** they were fingerprinted for TSBP after June 1, 2015. The fee for fingerprinting is less than \$50. Fingerprint session instructions will be sent to the applicant via email after the application has been received by the board. For more information see [FAQ for Fingerprinting](#).

Applicants (using an address) not located in Texas, will receive a packet in the mail with a fingerprint form and instructions sheet because the approved state vendor does not always allow a digital scan. The fingerprint packet is automatically mailed to the address provided on the application. Allow 2 to 3 weeks the packet to arrive via U.S. Postal Service.

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Step 6: : Allow a minimum of three (3) weeks for registration to be issued (unless you have something on your background – refer to [“Information Regarding Criminal History”](#)).

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