STATE OF OHIO
BOARD OF PHARMACY

Before using your employer based technician exam, please submit it for Board review and approval. Please provide the information requested on the form below and submit the form, the test, and an answer key by e-mail to terri.ghitman@pharmacy.ohio.gov or by mail to Terri Ghitman, State of Ohio Board of Pharmacy, 77 S. High St., 17th Floor, Columbus, OH 43215-6126. Note: True or False questions are not an acceptable question format pursuant to rule 4729-4-02.

QUALIFIED PHARMACY TECHNICIAN EXAMINATION SUBMISSION FORM

Date submitted: _____

Pharmacy name(s) and locations to be used: _____
(Attach separate sheet if needed)

Contact person's name: _____

Contact person's telephone number: _____

Contact person's e-mail address: _____

Pharmacy practice area (e.g. Retail, Hospital, Nuclear, etc.): _____

Select the qualified pharmacy technician function(s) covered in this exam (mark all that apply):

Packaging a drug: ☐

Labeling a drug: ☐

Compounding: ☐   Non-sterile: ☐   Sterile: ☐

EXAMINATION QUESTION BREAKDOWN

List the question numbers that correlate to each topic. A question shall be used for only one topic.

Packaging a drug (if selected above):	
Labeling a drug (if selected above):	
Non-Sterile Compounding (if selected above):	
Sterile Compounding (if selected above):	
Pharmacy terminology:	
Basic drug information:	
Basic calculations:	
Quality control procedures:	
Legal: Qualified pharmacy technician duties:	
Legal: Pharmacist duties:	
Legal: Pharmacy intern duties:	
Legal: Prescription or drug order processing requirements:	
Legal: Drug record keeping requirements:	
Legal: Patient confidentiality:	
Legal: Security requirements:	
Legal: Storage requirements:	