

**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 mark.keeley@bop.ohio.gov or by mail to Mark Keeley, Ohio State Board of Pharmacy, 77 S. High St., Room 1702, 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 location(s) to be used: \_\_\_\_\_  
(Attach separate sheet if needed)

\_\_\_\_\_

\_\_\_\_\_

Contact person's name: \_\_\_\_\_

Contact person's telephone number: \_\_\_\_\_

Contact person's email 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):	
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:	