Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director

2026

ARKANSAS APPLICATION FOR PHARMACY TECHNICIAN REGISTRATION

APPLICATION FEE: $35

Application fee must be exact amount.

Once issued, this registration will expire on **December 31st, 2026**.

This is the fastest way to complete the background check process for licensure. You must be **IN-STATE** and be able to visit an **ARKANSAS STATE POLICE AUTHORIZED ELECTRONIC HARVESTER** who can initiate a background check on your behalf.

Find a list of all Electronic Harvesters on the Arkansas State Police Website here:
https://www.dps.arkansas.gov/law-enforcement/arkansas-state-police/services-programs/fingerprinting/

You will also see a listing of Live Scan Operators – they **will NOT** be able to initiate a background check on your behalf and cannot be used for this expedited application.

Be sure to bring the Criminal Background Check (CBC) Identity Verification Form with you so that the Harvester has the correct ORI number for the Board to ensure that the background check results will come directly to the Arkansas State Board of Pharmacy. The CBC Form is the last page in this application. You will need to contact the Harvester directly for their fees for the background check and fingerprinting.

To be eligible for this registration, you must: have a high school diploma, GED, or equivalent; and pass a state and federal background check.

1) Please fill out application in blue or black ink. No pencil, please. Read the instructions on the application carefully and truthfully answer the personal history questions in Part III. If you have any "Yes" answers to any of these questions, please use the "Request for Waiver" form to make sure that you are submitting all required documentation. Please be aware that your history documentation will have to be reviewed, and this will extend the processing time.

2) Check your application to make sure it is complete, and you have included all required documentation before sending it to the Board. Incomplete applications will not be processed. Your application will expire a year from date of receipt. Application fees will not be refunded. For your application to be considered complete you must include the following documentation:

- ☐ A check or money order payable to the Arkansas State Board of Pharmacy in the amount of $35. Application fee must be exact amount and we do not accept cash.
- ☐ A copy of your **driver's license or state identification card**
- ☐ A copy of your **Social Security Number card** (No substitutions)
- ☐ A copy of **one** of these items:
  - high school diploma
  - official high school transcript (must have date of graduation)
  - college diploma
  - official college transcript (must have date of high school or college graduation)
  - G.E.D
  - a letter with a seal and official signature from your school verifying your graduation from high school
- ☐ A completed **Criminal Background Check (CBC) Identity Verification Form**
- ☐ Any other required documentation if a Request for Waiver is required.

If you have been registered in Arkansas as a pharmacy technician previously, please go to the website and print off the pharmacy technician reinstatement application. If you have any questions or concerns, please contact the Arkansas State Board of Pharmacy by phone 501-682-0190 or email asbp@arkansas.gov.

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The Arkansas State Board of Pharmacy is **required** under 42 USC § 666(a)(13) and Ark. Code Ann § 17-1-104 to obtain the social security numbers of all licensees to provide to the Arkansas Office of Child Support to assist in the identification of persons who are delinquent in complying with a child support order, spousal support/alimony order or in the repayment of educational loans. Your social security number will also be used for the required criminal background investigation.

PART I: APPLICANT IDENTIFYING INFORMATION

Social Security Number:	**Gender:** ☐ Male ☐ Female
Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Other:_____	
Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino	
Name: Last First Middle Suffix (Jr.)	
Other Names Used: Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.	
Date of Birth:	**Place of Birth (city, state, county and country):**
Current Home Address: (Street, City, State, Zip)	
Permanent Mailing Address: if different from current address listed above.	
Home Phone Number: ( )	**Cell Phone Number:** ( )
Work Phone Number: ( )	**Work Fax Number:** ( )
Email:	

Citizenship:

a. Are you a Citizen of the United States? YES ☐ NO ☐

b. If you answered **NO** to the question above, are you: (Please check one of the following.)

- ☐ a qualified alien (as defined in 8 U.S.C. § 1641.)
- ☐ a nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq.)
- ☐ an alien who is paroled into the United States under 8 U.S.C. § 1182 (d)(5) for less than one year.
- ☐ other – please provide a detailed explanation.

FOR OFFICE USE ONLY:

License #: PT Date Issued: Fee Paid: $35 Check No.:

PART II: EDUCATION INFORMATION

Check one of the following qualifications:

☐ High School Diploma **or** College Transcript **or** College Diploma

What year did you receive your high school diploma?

Name of High School:

City: State:

∗ Please contact your local school district or the state Department of Education if you have any issues locating proof of graduation. ∗

☐ G.E.D. (Paperwork must show a passing score.)

What month and year did you receive your G.E.D.?

What state issued your G.E.D.?

PART III: PERSONAL HISTORY INFORMATION

You must respond fully and truthfully to these questions and, if the answer is "Yes" to any part of these questions, you **must submit a Request for Waiver and provide the required documentation**.

You must fully and truthfully report your criminal history whether or not the arrest/citation was dismissed, dismissed through drug court diversion, expunged under the first offender act, alternative sentencing act, Act 531, Act 305,or Act 346 or it happened over 5 years ago. This criminal history includes all DWI, DUI, and MIP (Minor in Possession) violations, possession of controlled substances, theft, shoplifting, hot checks, domestic violence, assault violations, or any other violation of any state or federal law, whether misdemeanor or felony, and regardless of the state or territory in which it happened. Please note that failure to appear (FTA) and failure to pay fines may constitute a criminal offense in Arkansas and must be reported.

If you do not fully and truthfully report your history, your application will be denied and/or you will be subject to other sanctions. Please contact the Arkansas State Board of Pharmacy at 501-682-0190 if you do not understand the above information.

Have you ever been found in any civil, administrative, or criminal proceeding to have: a. Possessed, used, or distributed controlled substances or prescription drugs in any way other than for legitimate or therapeutic purposes; b. Diverted controlled substances or prescription drugs; c. Violated any state, federal, or local drug law; d. Dispensed controlled substances for yourself; e. Violated any state or federal law or rule regulating a health care profession?	YES ☐	NO ☐
Have you ever had any certificate, license, registration or other privilege to practice a health care profession denied, revoked, suspended, restricted, reprimanded, censured, or placed on probation by a state, federal, or foreign authority or have you ever surrendered such credential in connection with or to avoid action by such authority?	YES ☐	NO ☐
Have you ever been cited, arrested for, charged with, or convicted of (including a nolo contendere plea or guilty plea) a criminal offense in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?	YES ☐	NO ☐
Have you ever had a record expunged or sealed?	YES ☐	NO ☐
Is there any disciplinary action pending or any unresolved or pending complaints against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority?	YES ☐	NO ☐
Do you currently have an alcohol or other substance abuse problem?	YES ☐	NO ☐
Are you currently engaged in the unlawful use of controlled substance(s)? (Unlawful use of controlled substances means the use of controlled substances obtained illegally (e.g. marijuana, meth, heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care provider.)	YES ☐	NO ☐
Have you been treated for a drug or alcohol addiction, or participated in a rehabilitation program in the last 5 years?	YES ☐	NO ☐

PART IV: EMPLOYMENT

Check one of the following:

☐	I am currently not employed in a pharmacy and obtaining my pharmacy technician registration to apply for a job.
☐	I am currently employed in a pharmacy and awaiting a pharmacy technician registration before I can start performing technician duties. I am employed by:

Name of Pharmacy:

Pharmacy License #:

Address of Pharmacy:

PART V: CERTIFICATIONS

Please read carefully and sign below.

I hereby certify that I have read this application, that I understand all instructions and questions and that all information I have provided is true, correct, and complete. I understand that falsifying an application, supplying misleading information, or withholding relevant information is grounds for denial or revocation of a license and/or other sanctions. I authorize the Arkansas State Board of Pharmacy to review any documents relevant to my registration and practice, including law enforcement records, administrative records, employment records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Arkansas State Board of Pharmacy.

_____

Signature of applicant (Full Legal Name) Date signed

Check your application to make sure it is complete and you have included all required documentation. Incomplete applications will delay the processing of the application. The application will expire one year from date of receipt.

Application fees will not be refunded.

To complete your application, you must include the following documentation:

- ☐ A **check or money order** payable to the Arkansas State Board of Pharmacy in the amount of $35 Application fee must be exact amount and we do not accept cash.
- ☐ A copy of your **driver's license or state identification card**
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  - high school diploma
  - official high school transcript (must have date of graduation)
  - college diploma
  - official college transcript (must have date of high school or college graduation)
  - G.E.D
  - a letter with a seal and official signature from your school verifying your graduation from high school
- ☐ A completed **Criminal Background Check (CBC) Identity Verification Form**
- ☐ Any other required documentation if a Request for Waiver is required (See Part III of the application).

Criminal Background Check (CBC) Identity Verification Form Instructions

Please read the instructions below carefully and contact the Board with any concerns or questions. Failure to follow the correct procedures will delay the processing of your application and our receipt of your background check results.

- Please take a completed Criminal Background Check (CBC) Identity Verification Form with you to an **ARKANSAS STATE POLICE AUTHORIZED ELECTRONIC HARVESTER** who can initiate a background check on your behalf.
    - Find a list of all Electronic Harvesters on the Arkansas State Police Website here: https://www.dps.arkansas.gov/law-enforcement/arkansas-state-police/services-programs/fingerprinting/ You will need to contact the Harvester directly for their fees for the background check and fingerprinting.
- Once fingerprinted, **have the Harvester that took your prints fill out the "Fingerprint Harvester Information" portion** of the CBC Form and make sure the **transaction control number** is listed. They will return the form to you, and you will be responsible for **submitting** the completed CBC Form, Pharmacy Technician Application, needed documentation, and licensure fee to the Board.
- The advantage of submitting your background check this way is that in most cases by the time your application is received by the Board, we will already have your state and federal background check results, which is the lengthiest part of the licensure process.
- Application processing time may take longer if all documentation is not submitted, or the applicant has criminal background issues that additional documentation will need to be provided for. Most applications with all required documentation and no criminal background check issues can see their license issued within 1 to 3 days.

NOTES:

- Effective July 28, 2021, in accordance with Act 630, background checks from individuals in Arkansas must be submitted electronically (live scan). Paper fingerprint cards will no longer be accepted and will be returned to the applicant and an electronic submission will be required before the application on file with the Board can continue to be processed.
- The transaction number that is provided is specific to you and is directly tied to the state background check run on your behalf. It cannot be used to run a background check for any other type of state licensure, and we cannot accept the background check results run by any other agency. Background checks must be run under the Arkansas State Board of Pharmacy statute for Board issued licenses.
- **DO NOT CONTACT the Fingerprint Harvester, Arkansas State Police, or the FBI** about the status of your criminal background check. Those agencies will notify the Arkansas State Board of Pharmacy with the results of your fingerprinting. Fingerprint sent electronically can be received by the Board anywhere between an hour to three days after they are taken by the Harvester.

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Criminal Background Check Identity Verification Form

FINGERPRINT REASON: **Authority:** ACA § 17-92-317 **Agency ID:** AR 920450Z
Agency Name: ST BD OF PHARMACY, LITTLE ROCK, AR

APPLICANT INFORMATION (Please fill out all the fields below BEFORE going to be fingerprinted):

Full Name:

Last First Middle Maiden / All Other Married Names

Social Security #: Date of Birth: State of Birth:

Sex: Race: Height: Weight: Eyes: Hair:

Driver's License #: State of Issuance (of driver's license):

Mailing Address:

Street Address City State Zip

I understand that my personal information and fingerprints submitted by agency are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above. I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above.

Signature of Applicant Date

ATTENTION FINGERPRINT HARVESTER: Please follow the instructions below for fingerprinting this applicant.

1. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information above.
2. Please fill out the information in the boxes below for "FINGERPRINT TECHNICIAN INFORMATION". Please print clearly.
3. Please write the transaction control number (confirmation number) in the appropriate spot before fingerprinting.
4. Return CBC form to applicant to submit to the Board with application.

FINGERPRINT HARVESTER INFORMATION:

REASON FINGERPRINTED: (RFP) **Authority:** ACA § 17-92-317 **Agency ID:** AR 920450Z
Agency Name: ST BD OF PHARMACY, LITTLE ROCK, AR

TRANSACTION CONTROL NUMBER:
(Confirmation Number)
To be issued by the Harvester

PHB

Date Fingerprints were Taken:

Type of Photo ID provided: ☐ Driver's License ☐ Passport ☐ Military ID ☐ Other:

Harvester Facility Name:

Harvester Operator Telephone Number:

Printed Name of Harvester Operator Signature of Harvester Operator

** Ensure that the correct fingerprinting reason code and agency ID are used.

Privacy Act Statement

Privacy Act of 1974, 5 USC § 552a

This privacy act statement is also located on the back of the FD-258 fingerprint card.

- **Authority**: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

- **Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

- **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Procedure to obtain change, correction, or updating of identification records

28 CFR § 16.30 through 16.34

If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information.

The individual can contact Arkansas Crime Information Center (ACIC) at (501) 682-7444 or Arkansas State Police at (501) 618-8000. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the:

FBI, Criminal Justice Information Service (CJIS) Division
ATTN: SCU, Mod. D2
1000 Custer Hollow Road
Clarksburg, WV 26306

The FBI will then forward the challenge to the agency which submitted the date requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.