

# Pharmacy Technician Certification Board

## Universal Continuing Education Forms

CPhTs may use up to ten (10) contact hours of continuing education earned in the practice site for recertification credit. These ten In-Service hours are not to be awarded for working ten hours at the technician's regular duties. To earn these hours, the supervising pharmacist may arrange selected In-Service projects or training for the technician. **The supervising pharmacist completes and signs this *Universal Continuing Education Form* to verify completion of the project.**

### Instructions

1. The supervising pharmacist must complete and sign this *Universal Form*.
2. Complete all information. Please type or use a black pen so copies are legible.
3. The summary should describe how the project relates to the work of the pharmacy technician.
4. Each project must have at least two learning objectives listed.
5. One form must be completed for each pharmacy technician and for each project.
6. This form may be photocopied but must have an original signature of the pharmacist.
7. Direct all inquiries regarding the use of this form to the Pharmacy Technician Certification Board at [recertification@ptcb.org](mailto:recertification@ptcb.org) or call us at (800) 363-8012.

Title of Project, Training Program, etc: \_\_\_\_\_

Source of Project: \_\_\_\_\_

Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Learning Objectives

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

CPhT Name: \_\_\_\_\_ Certification#: \_\_\_\_\_

Date of Program Completion: \_\_\_\_\_ Contact Hours: \_\_\_\_\_

Pharmacist Name: \_\_\_\_\_ Licensed: \_\_\_\_\_

(state)

Pharmacist Signature: \_\_\_\_\_ Date: \_\_\_\_\_