



*Report of the Task Force to*

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**CREATE AN INDUSTRY STANDARD FOR  
PHARMACY TECHNICIAN SCOPE OF PRACTICE  
AND ENTRY-LEVEL REQUIREMENTS TO  
SUPPORT INTERSTATE PORTABILITY**

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## Report of the Task Force to Create an Industry Standard for Pharmacy Technician Scope of Practice and Entry-Level Requirements to Support Interstate Portability

### Members Present

Diane Halvorson (ND), *chair*; Lee Ann Bundrick (SC); Robert Carpenter (VT); Todd Dear (MS); Rick Fernandez (TX); Shauna Gerwing (SK); Christopher Harlow (KY); Julie Lanza (MA); William “Bill” Lee (VA); Brenda McCrady (AR); Kevin Mitchell (OH); Seung Oh (CA); Jeenu Philip (FL); Denise Scarpelli (IL); Shuler Spigener (SC); Christian Tadrus (MO).

### Others Present

Traci Collier, *Executive Committee liaison*; Ryan Burke, Pharmacy Technician Certification Board (PTCB); *guest*; Lemrey “Al” Carter, Melissa Becker, Andrew Funk, Eileen Lewalski, Gertrude “Gg” Levine, Maureen Schanck, Romy Schafer, *NABP staff*.

### Introduction

The task force met on November 13-14, 2023, at NABP Headquarters in Mount Prospect, IL. This task force was established pursuant to Resolution 119-5-23, Create an Industry Standard for Pharmacy Technician Scope of Practice and Entry-Level Requirements to Support Interstate Portability, which the NABP membership passed at the 119th NABP Annual Meeting in May 2023.

### Review of the Task Force Charge

Charge of the task force:

1. Review current state regulations and the industry standard recommendations;
2. Consider the expanded role pharmacy technicians assumed based on the Public Readiness and Emergency Preparedness Act (PREP Act) and state-specific state of emergency scope allowances; and
3. Amend, if necessary, the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* accordingly.

### Background and Discussion

Discussion began with a review of the task force charge and the recognition that the task force was established pursuant to Resolution 119-5-23, Create an Industry Standard for Pharmacy Technician Scope of Practice and Entry-Level Requirements to Support Interstate Portability, which was passed at the 119th Annual Meeting in May 2023 in Nashville, TN. The task force then



discussed the efforts and findings of PTCB and reviewed highlights from the PTCB meeting report, “Toward uniform standards for pharmacy technicians: Summary of the 2017 Pharmacy Technician Stakeholder Consensus Conference.” Participants in that meeting concluded that, 1. the profession should focus on entry-level standards and allow advanced-role standards to evolve over time, and 2. education and training go hand in hand. Several years ago, PTCB considered requiring accredited education and training for pharmacy technician certifications, but ultimately decided against it to avoid an undue burden for candidates. It was noted that PTCB’s Pharmacy Technician Certification Exam (PTCE) has a pass rate of approximately 71% and that scores tend to be higher when candidates have taken accredited training programs as opposed to non-accredited programs. Candidates with practice experience also tend to score higher than those without. Some states require technicians to pass the PTCE.

The task force members then shared their states’ current regulations pertaining to pharmacy technicians, which revealed a wide variety among the states. For instance, many states and territories (35, according to the *2023 Survey of Pharmacy Law*) require technicians to be registered with the board, while 16 require licensure, and 25 require certification. Licensure generally carries additional requirements beyond registration to establish eligibility. Many states (30, per the *Survey*) also require criminal history checks for technicians.

Even though a handful of states have no legally required training requirements, members observed that education and certification requirements are important factors that allow technicians to perform at a higher level than they otherwise could. While a handful of states specifically require the training programs to be accredited, others accept education from non-accredited programs. In Massachusetts, for example, technicians must complete training and pass a competency exam to take part in more advanced duties as outlined in board policies.

Some members said their states have struggled with the question of whether to add a certification requirement for technicians when the technicians’ duties would remain the same. Members noted that some states, such as Vermont, provide several different pathways for technicians to become certified, such as degree programs and vocational or military training, to maximize the number of candidates. Others stated that when their boards implemented a certification requirement, they included a grandfather clause for technicians with work experience.

Regarding the tasks that pharmacy technicians may perform, the task force observed that the 2020 PREP Act expanded technicians’ scope of practice. The PREP Act was passed in response to the COVID-19 pandemic and empowered technicians and pharmacy interns to administer certain vaccines, tests, and treatments.

Aside from those allowed through the PREP Act, technician responsibilities vary greatly between states. Several states, including Vermont, allow technicians to perform any tasks the supervising pharmacist allows them to do other than re-delegate tasks to other personnel. As mentioned above, some states recognize and assign different duties to entry-level and advanced tiers of



technicians, such as New Hampshire, where advanced technicians must pass a jurisprudence examination. Members noted that Saskatchewan has both pharmacy technicians and pharmacy assistants, with more educational requirements and responsibilities for technicians, including supervising assistants.

Having discussed the many differences between the states, the task force examined the similarities and looked for ways to streamline license portability and to enhance technicians' status nationwide. The task force agreed on the need to outline common licensure requirements for states to adopt so as to allow for portability among the states. It was noted that once common requirements are set, states may choose to promulgate additional requirements. With this agreed upon, members sought to identify barriers in the states that would prevent establishing these common requirements as baseline standards. Some members expressed doubt that all states could agree on any one set of standards, partially because some of their requirements are written into statute and would be difficult to change. Others noted that some states already recognize national certification programs and may not want to add additional licensure requirements, which could add burdensome work to board staff. Still others noted that pressures from regulated entities that do not want additional requirements could come into play.

Members acknowledged that, in order for the boards to fulfill their primary responsibility of protecting public health, certification should be a requirement for licensure and, thus, license portability. This point raised questions about how much experience is necessary and whether the educational programs must be accredited for certification and, thus, licensure.

In addition, members discussed a national competency exam and the difficulty associated with developing such an exam because it would need to cover the many different areas of pharmacy, which may be impractical for technicians working in a specific practice setting. Others noted that pharmacists take a general practice exam yet may end up working in specific practice settings. Also noted was that developing a general practice exam is far more practical than developing different exams for different practice types.

The task force acknowledged PTCB's list of recognized training programs that teach the content that PTCB has outlined for inclusion in the curriculum. It was further noted that PTCB is performing a job task analysis to inform its exam blueprint focusing on two key areas: 1. entry-level tasks and the frequency at which the tasks are performed by technicians, and 2. the level of skill required to perform those tasks. PTCB expected to conduct a survey in December 2023 to determine whether the blueprint should be modified in 2024.

The task force recognized the need for a balance between having enough technicians in the workforce and having sufficient standards in place to protect public health. With this in mind, the task force aspired to develop a plan that the practice of pharmacy could *grow* into, rather than *fit* into, while also not setting the standards so low that everyone can meet them. The members discussed building the technician role into a career, which should enable technicians to transfer



their skills to other facilities. On the other hand, members noted that establishing too high of a threshold would reduce the number of technicians in the workforce, which could pose a public health risk.

Regarding portability, the task force considered whether to emulate a nursing compact, in which licensure in one state enables licensees to practice in other states. Members noted that a compact might work well for clusters of adjacent states where technicians might practice in more than one state but expressed doubt that it would be accepted nationwide. Again, the task force considered the baseline requirements that states should adopt to allow for technician license portability. Some members suggested that multiple avenues to eligibility should be considered; others stated that only technicians certified by one of the national technician certification organizations should be allowed to transfer their license. It was observed, however, that the eligibility requirements – eg, training, experience, background checks – for certification vary from state to state and that not all states recognize any of the national technician certification programs and may even use the term “certified pharmacy technician” when national certification is not required. As such, members noted that states may be hesitant to accept technicians from other states with less rigorous standards.

Turning its attention to the *Model Act*, the task force reviewed the definitions of “certified pharmacy technician” and “certified pharmacy technician candidate” and agreed that no changes were necessary. Next, they examined the NABP Emergency Passport Program, which “verifies pharmacists, certified pharmacy technicians, pharmacy interns, and pharmacies meet the standard of licensure and are in good standing in states of licensure in order to practice on a temporary or emergency basis.” Members observed that states are more willing to lower their requirements during emergencies than they are on a regular basis, noting that the temporary status of an emergency raises the comfort level for some allowances.

In contrast to a temporary allowance, NABP Verify™ is a program that “verifies pharmacists and applicable business entities are licensed in good standing” on an *ongoing* basis. The task force deliberated whether to include technicians within the scope of NABP Verify but determined that more information is needed first. The task force recognized a need for a gap analysis to assess the states’ requirements for technician education and training, noting that the 2019 Task Force on Requirements for Pharmacy Technician Education had recommended that “NABP perform a gap analysis of accreditation standards for pharmacy technician educational programs.”

Members then examined *Model Act* Section 304, Qualifications for Licensure Transfer, in which Subparagraph (1) pertains to pharmacists, and recommended mirroring this language with minor changes as applicable to technicians. In order to accomplish this, they recommended adding a Subparagraph (2) that contains language enabling a certified pharmacy technician currently licensed in one jurisdiction to obtain a license as a certified pharmacy technician by licensure transfer to another. Changes included substituting “engaged in the practice of pharmacy” with “assisted in the practice of pharmacy,” and leaving the age requirement and length of experience requirement blank and letting the states decide those details.



Members recognized the need for a database to house information on pharmacy technician qualifications and suggested that NABP incorporate technicians into its existing NABP e-Profile® platform and Electronic Licensure Transfer Program® (eLTP) process so that boards of pharmacy are able to make informed decisions about technicians applying for licensure transfer. Because these modifications may be affected by the NABP Bylaws, the task force agreed to have the NABP Committee on Constitution and Bylaws review the NABP Clearinghouse Participation and Licensure Transfer Requirements section with the goal of including technicians.

## Recommendations

After careful review and deliberation, the task force made the following recommendations:

1. NABP should incorporate pharmacy technicians into the eLTP process.
2. The NABP Committee on Constitution and Bylaws should review the NABP Bylaws to determine whether an amendment to accommodate incorporating pharmacy technicians into the eLTP process is necessary.
3. NABP should perform a gap analysis of states' education and training requirements for pharmacy technicians.
4. NABP should amend the *Model Act* to add pharmacy technicians to Section 304, Qualifications for Licensure Transfer. The amendments recommended by the task force are denoted by underlines in the following excerpt.



## Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy

August 2023

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### Section 105. Definitions.

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(13) “Certified pharmacy technician” means personnel licensed by the board who have completed a certification program approved by the board and may, under the supervision of a pharmacist, perform certain activities involved in the practice of pharmacy that are within their scope of certification and as delegated by the pharmacist, but excluding clinical patient care activities such as, but not limited to:

- (a) drug utilization review (DUR);
- (b) clinical conflict resolution; and
- (c) patient counseling.

(14) “Certified pharmacy technician candidate” means personnel licensed by the Board who intend to complete a certification program approved by the board and may, under the supervision of a pharmacist, perform certain activities involved in the practice of pharmacy that are within their scope of education and training and as delegated by the pharmacist, but excluding clinical patient care activities such as, but not limited to:

- (a) drug utilization review (DUR);
- (b) clinical conflict resolution; and
- (c) patient counseling.

...

(58) “NABP Emergency Passport Program” means a program, operated by NABP, that verifies pharmacists, certified pharmacy technicians, pharmacy interns, and pharmacies meet the standard of licensure and are in good standing in states of licensure in order to practice on a temporary or emergency basis according to state public health emergency orders or as otherwise determined by the state board of pharmacy.

...

(60) “NABP Verify” means an ongoing credentialing and license monitoring service, operated by NABP, that verifies pharmacists and applicable business entities are licensed in good standing and provides proof of that status

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**Section 304. Qualifications for Licensure Transfer.<sup>1</sup>**

- (1) In order for a pharmacist currently licensed in another jurisdiction to obtain a license as a pharmacist by licensure transfer in this state, an applicant shall:<sup>2</sup>
  - (a) have submitted an application in the form prescribed by the board of pharmacy;
  - (b) have attained the age of 18 years;
  - (c) have possessed at the time of initial licensure as a pharmacist all qualifications necessary to have been eligible for licensure at that time in this state;
  - (d) have engaged in the practice of pharmacy for a period of at least one (1) year or have met the pharmacy practice experience requirements of this state within the one (1) year period immediately preceding the date of such application;
  - (e) have presented to the board proof of an active license in good standing;
  - (f) have presented to the board proof that any other license granted to the applicant by any other state has not been suspended, revoked, or otherwise restricted for any reason, except nonrenewal or for the failure to obtain the required continuing education credits, in any state where the applicant is currently licensed but not engaged in the practice of pharmacy; and
  - (g) have paid the fees specified by the board.
- (2) In order for a certified pharmacy technician currently licensed in another jurisdiction to obtain a license as a certified pharmacy technician by licensure transfer in this state, an applicant shall:
  - (a) have submitted an application in the form prescribed by the board of pharmacy;
  - (b) have attained the age of \_\_\_\_ years;
  - (c) have possessed at the time of transfer all qualifications necessary to be eligible for licensure in this state;
  - (d) have assisted in the practice of pharmacy for a period of at least \_\_\_\_ or have met the experience requirements of this state;
  - (e) have presented to the board proof of an active license in good standing;
  - (f) have presented to the board proof that any other license granted to the applicant by any other state has not been suspended, revoked, or otherwise restricted for any reason, except nonrenewal or for the failure to obtain the required continuing

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<sup>1</sup> See the NABP Model Rules for Public Health Emergencies or Significant Public Health Concerns for language that addresses the temporary recognition of nonresident pharmacist licensure in the case of a declared state of emergency issued due to a public health emergency.

<sup>2</sup> It is intended that NABP's National Disciplinary Clearinghouse would be utilized by state boards for verifying information provided by applicants.





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- (g) education credits, in any state where the applicant is currently licensed but not assisted in the practice of pharmacy; and  
have paid the fees specified by the board.