



**APPLICATION FOR ACCREDITATION OR REACCREDITATION
OF A PHARMACY TECHNICIAN EDUCATION AND TRAINING PROGRAM**

Please check one: Initial Application Reaccreditation

This form must be completed and submitted to ASHP-ACPE's Accreditation Services Office at the time of application for accreditation or reaccreditation of a pharmacy technician education and training program.

Name of Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

TERMS AND INFORMATIONAL REQUIREMENTS

1. The above organization is applying for ASHP-ACPE accreditation/reaccreditation of a pharmacy technician education and training program. This application form must be completed in full; signed by the director of the pharmacy technician education and training program, the senior administrator or manager to whom the program director reports, and the dean or chief executive officer; and accepted by the ASHP-ACPE Accreditation Services Office before any further actions will occur on the application.
2. The organization named above accepts and understands the sole basis for accreditation/reaccreditation is the requirements in the [regulations](#) and [standards](#). All of these Regulations and Standards are incorporated by reference into this application form.
3. To the best of our knowledge, the pharmacy technician education and training program of this organization for which accreditation/reaccreditation is being sought meets the requirements of the accreditation Regulations and Standards by which the pharmacy technician education and training program will be reviewed.
4. The organization agrees and accepts that any and all decisions to award accreditation/reaccreditation to the pharmacy technician education and training program of the organization is contingent upon the pharmacy technician education and training program being in compliance with the relevant accreditation Regulations and Standards, as determined by the official ASHP-ACPE survey and review process.
5. All decisions to accredit or reaccredit a pharmacy technician education training program are determined solely through the ASHP-ACPE-ACPE Pharmacy Technician Accreditation Commission as authorized by the ASHP-ACPE Board of Directors and the ACPE Board of Directors.
6. The pharmacy technician education and training program for which accreditation is being sought has been in existence for _____ years.
7. This organization conducts other ASHP-ACPE-accredited or candidate status pharmacy technician education and training programs. Yes No
If yes, please list other programs: _____
8. If application is for initial accreditation, the following are highly recommended prior to application or prior to the start of the first class of pharmacy technician students:
 - a. The program director for this pharmacy technician education and training program attended an ASHP-ACPE "New and Prospective Pharmacy Technician Educational and Training Program Directors and Preceptors" session

at the ASHP Midyear Clinical Meeting held each December and the Pharmacy Technician Educators Council meeting in July.

- b. The program director conducted an evaluation of this program using the "Pre-survey Questionnaire and Self-Assessment Checklist for the Accreditation of a Pharmacy Technician Education and Training Program" to see that the program meets the accreditation Standard and ASHP Best Practices in (month/year) _____.
(Submission of this document is not required until 45 days prior to the on-site accreditation survey visit.)
- c. The Program Director has completed the R U Ready tool (month/year) _____

- 9. The last pharmacy technician student to complete this residency graduated (mo/yr) _____.
- 10. The current pharmacy technician students began this program in (month/year): _____.
How many students currently? _____

Having read and understood the above application form, the Terms and Required Information, and the Regulations and applicable Standard for accreditation, the Organization agrees to the requirements outlined, and certifies that the responses provided in the application are correct and accurate.

Pharmacy Technician Education and Training Program Director's Information:

Name: _____
Title: _____
Phone: _____
Fax: _____
E-Mail: _____

Signature, Pharmacy Technician Education and Training Program Director

Chief Executive Officer's Information:

(if College sponsored, Dean or President of College):

Name: _____
Title: _____
Phone: _____
E-Mail: _____

Signature, Chief Executive Officer

(If CEO's or Dean's address is different from the Organization's please supply.)

DATE SUBMITTED: _____

Senior Administrator's or Manager's Information:

(if College sponsored, individual to whom the Program Director reports):

Name: _____
Title: _____
Phone: _____
Fax: _____
E-Mail: _____

Signature, Senior Administrator or Manager

ASHP-ACPE Use Only:

Program Code:

ID Number:

Date Received:

Program Code:
ID Number:
Date Received: