

INSTRUCTIONS FOR FILING

Administration of Vaccines – Application for Registered Pharmacy Technicians

Access this form via website at: cca.hawaii.gov/pvl

IMPORTANT INFORMATION

LAWS & RULES PUBLICATION

The Pharmacists and Pharmacy laws and rules, Hawaii Revised Statutes (HRS) 461, Hawaii Administrative Rules (HAR) 16-95, are posted on our website at: cca.hawaii.gov/pvl. Click on “Pharmacy and Pharmacist.” HRS 436B, the Professional and Vocational Licensing Act, is also available.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number with our agency:

FEDERAL LAWS

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, 45 C.F.R., Part 61, Subpart B, §61.7 requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES

HRS §576D-13(j) requires the Social Security Number of any applicant for a professional license or occupational license to be recorded on the application for license; and

HRS §436B-10(4) states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (see “federal laws” section above).

AUTHORIZATION TO ADMINISTER VACCINES

Pursuant to HRS §461-11.4, if a registered pharmacy technician intends to administer vaccinations authorized or approved by the United States Food and Drug Administration (FDA), under the direct supervision and ordered by a Hawaii registered pharmacist, and in accordance with the recommendations of the Advisory Committee on Immunizations Practices of the United States Department of Health and Human Services, then the pharmacy intern will need to complete the separate application form from the board's website (<https://cca.hawaii.gov/pvl/boards/pharmacy/>).

Please be advised that a registered pharmacy technician who will administer a vaccine to persons three years of age or older will be asked on the application about the provisions listed below. The registered pharmacy technician is responsible for reading, understanding, and abiding by all the required provisions listed in HRS subsection §461-11.4 and Act 93.

Requirement

- Submit a completion certificate to the Pharmacy Board for a practical training program approved by the Accreditation Council for Pharmacy Education that includes hands-on injection technique.

Self-Attestation

- The registered pharmacy technician has a Certified Pharmacy Technician certification from either the Pharmacy Technician Certification Board or National Healthcareer Association.
- The registered pharmacy technician has a current certificate in basic cardiopulmonary resuscitation.
- The registered pharmacy technician has completed a minimum of two credit hours in immunization-related continuing education courses during each licensing biennium.

(CONTINUED ON NEXT PAGE)

APPLICATION FORM

Complete the online fillable form or print legibly in dark ink. Answer ALL questions and sign the application.
***Please be advised that failure to provide all the requested information will delay the processing of your application.**

Make check payable to: COMMERCE AND CONSUMER AFFAIRS. Check must be made in U.S. dollars and be from a U.S. financial institution.

Application fee: \$10 (**Application fee is not refundable.**)

FEES

NOTE: *Payment of fees as set forth in this application is required for your registration to be issued. If payment is dishonored by your bank, your registration will not be valid, and you **may not** do business under that registration. A \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

**“YES” RESPONSE(S)
TO QUESTIONS
#1 or #2**

Questions (1) and (2) on the Application Form refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license, and you must submit the following:

- A statement signed by you explaining the circumstances in detail; and
- Copies of any documents from the licensing authority including final orders, petitions, complaints, finding of facts and conclusions of law, and any other relevant documents

**“YES” RESPONSE
TO QUESTION #3**

Question (3) refers to criminal convictions that have not been annulled or expunged, and you must submit the following:

- A detailed statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
- A copy of the court order, verdict, and terms of sentence;
- If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders; and
- A current criminal history record check in your name from the state where the conviction occurred and the state where you currently reside, if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.

Your application may be reviewed at a Board of Pharmacy meeting, if you answered "yes" to questions (3), (4), or (5), and if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the **"Release of information to Third Party"** portion on the application form, sign, and date it.

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed if you fail to complete the application process within one year after filing a completed application.

If an application is deemed abandoned, the applicant shall be required to reapply for registration and comply with the registration requirements at the time of the reapplication.

**BOARD'S
ADDRESS**

Mail all required items to:

Board of Pharmacy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location:

335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

ADMINISTRATION OF VACCINES - APPLICATION FOR REGISTERED PHARMACY TECHNICIANS

Access this form via website at: cca.hawaii.gov/pvl

READ THE INFORMATION & INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Legal Name (First-Middle)	(Last)	FOR OFFICE USE	<input type="checkbox"/> Approved	Initials/Date:
Other Names Used (including maiden name)	Date of Birth		<input type="checkbox"/> Denied	
Residence Address (include Apt No., City, State & Zip Code)-REQUIRED	Pharmacy Technician Registration #:		Reg. No.:	Eff. Date:
Mailing Address (ONLY if different from residence)	Social Security No.			
	Phone No. (days)			
	Email Address			

Please answer the following questions by checking the appropriate box YES or NO

- Has any registration/certification/license ever been suspended, revoked or otherwise subject to disciplinary action? . . . ☐ YES ☐ NO
- Are there any disciplinary actions pending against you? ☐ YES ☐ NO
- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO

If you responded "Yes" to #1, #2, or #3, you will be required to submit additional documentation. Please see instructions for more information. Failure to provide the requested information will delay the processing of your application.

- I understand that I am required to complete a minimum of two credit hours in immunization-related continuing education courses for the applicable licensing biennium ☐ YES . . ☐ NO
- I hold a Certified Pharmacy Technician certification from either the Pharmacy Technician Certification Board or the National Healthcareer Association that is current and in good standing. ☐ YES ☐ NO
- I hold a current certificate in basic cardiopulmonary resuscitation ☐ YES ☐ NO

Declaration of Applicant:

I hereby certify that the answers and statements on this application and documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of registration pursuant to HRS 436B-19 and 461-21, and is a misdemeanor pursuant to HRS 710-1017. I further certify that I have read, understand, and will abide by the provisions of HRS Chapters 461 and 436B, HAR 16-95, and Act 93 (2025).

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the registration process, I hereby authorize the Board of Pharmacy and staff to release any and all information regarding my application(including, but not limited to, application status) to the following third party:

Print name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.