

How to Register with the Colorado Department of Regulatory Agencies as a Pharmacy Technician

Review The Pharmacy Technician Application Checklist

Please do not begin your application until you have met all of the requirements below. An incomplete application will cause a delay in processing.

All applicants must:

- ✓ Submit payment of the required application fee. All fees are non-refundable and non-transferable.
- ✓ Upload name change documentation, if applicable.
- ✓ Provide information regarding other pharmacy technician licenses you may have held, if applicable.
- ✓ Provide information regarding an employer-based criminal history check. *(Attest Yes – Good Day Pharmacy performs this for all employees prior to onboarding)*
- ✓ Upload documentation of your current certification by an approved national certification board. *(download this from the PTCB website <https://portal.ptcb.org/Certification/Verification/Search/form.aspx>)*
- ✓ Answer general and criminal history screening questions and upload supporting documentation.

State guidelines mandate that all applications expire one year from the date of submission. Failure to provide all required documents will result in your application expiring and will require you to file a new application with all newly submitted documents and a new fee.

Open your web browser and access the Colorado Department of Regulatory Agencies Account Login Page

Website Address: <https://apps.colorado.gov/dora/licensing/Default.aspx>

Important note: This website is not compatible with mobile devices so you will need to use a laptop or desktop computer.

Select 'Register'

Access Your Account

User ID

User ID

Password

Password

Log In

Don't have an account? [Register](#)
[Forgot Password?](#) [Forgot User ID?](#)

Welcome

Colorado Division of Professions and Occupations Online Services

Welcome to the Division of Professions and Occupations Online Services Portal
To access all Online Services including Online New Applications, Online License Renewal*, Online Reinstatement or Online Address Change, please log in on the left hand side module.

*Note: Online License Renewal does not open until approximately 4-6 weeks prior to your expiration date.

To access Online License Verification, Online Roster/Discipline Downloads or to File an Online Complaint, please use the drop down menu on the upper right labeled "Online Services".

IMPORTANT NOTICE: Our Online Services is not compatible with mobile devices. We recommend using a laptop or desktop computer with the most up to date version of Google Chrome or Internet Explorer 10 or later. As most applications require some time to review and the ability to upload documents (pdf, docx, rtf, etc.), please do not use a smartphone or tablet to complete this process.

Need help logging in? Review our [Online Services Account Access Help Steps](#).

Register as an Individual

Upon the Register New Account Screen, Register as Individual

If you have or have ever registered with the Division of Professions and Occupations and held a license, select yes and proceed. Otherwise, select no to proceed and create an account.

Register new Account

Fields marked with an asterisk * are required.

Step 1. Business or Individual

Register as:

- Individual
- Business

Do you currently have or have you ever had a license with the Division of Professions and Occupations or a current pending application?

- If **Yes**, enter your Name, Last 4 SSN and Date of Birth on the next page.
 - If you receive a "No Match Found" message, **do not register a new account**. Contact the Division Systems Team immediately at dora_dpo_onlinelicenses@state.co.us or 303-894-2421. If you applied for licensure via a paper application, it will take 7-10 days for your account to be registered.
- If **No**, please register a new account with the Division of Professions and Occupations. You don't need to register a new account if you already hold a professional license.

Need a quick answer? [Visit our FAQs.](#)

- Yes
- No

Next

Cancel

Fill out Registration Information

Create an account and provide personal information

[Login](#) [Register](#)



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

[HOME](#)

[MY ACCOUNT](#)

[ONLINE SERVICES](#) ▼

Registration

Account Information

* denotes required fields

*User ID

Create Online User ID

*Email

Enter Email Address

*Password

Enter Password

Confirm Password

Re-enter password

Personal Information

*First Name

Enter First Name

Middle Name

Enter Middle Name

*Last Name

Enter Last Name

*SSN

SSN

Public Address

Attention

Attn.

Mailing Address

Same as Public Address


Attention

Attn.

Verify and Validate Account

Upon creating your new account, you will receive an email with a link to validate your account.

Welcome, [REDACTED] [Logout](#)

 \$0.00 [Checkout](#)



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User Account

Your e-mail address has now been verified. The Online Services link allows you to navigate our site by selecting the appropriate transaction you wish to accomplish. Online Services is located at top and bottom of this screen.

User ID:	[REDACTED]	Change User ID
E-mail:	[REDACTED]	Change Email
Password:	Change Password	
Security Questions:	Change Security Questions	

Start Pharmacy Technician (PHAT) Application

Select Online Services → Apply for a new License

Scroll down and Select 'Start' next to Pharmacy Technician PHAT



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[HOME](#) [MY ACCOUNT](#) [ONLINE SERVICES](#) ▾

Apply for a NEW license

[Occupational Therapy Applications](#) ▾

[Optometry Applications](#) ▾

[Outfitter Applications](#) ▾

[Physical Therapist Applications](#) ▾

[Pharmacy Applications](#) ▲

License	Prefix	
Hospital Satellite Pharmacy	HSP	This application is only available for Business accounts. You are currently logged in as an Individual. Please login with the appropriate Business account to apply.
Limited License	LTD	This application is only available for Business accounts. You are currently logged in as an Individual. Please login with the appropriate Business account to apply.
Manufacturer	MFR	This application is only available for Business accounts. You are currently logged in as an Individual. Please login with the appropriate Business account to apply.
Other Outlet	OO	This application is only available for Business accounts. You are currently logged in as an Individual. Please login with the appropriate Business account to apply.
Pharmacist	PHA	Start
Pharmacist Intern	IN	Start
Pharmacy Technician	PHAT	Start
Pharmacy Technician Provisional	PHATP	Start
Prescription Drug Outlet- In-State	PDO	This application is only available for Business accounts. You are currently logged in as an Individual. Please login with the appropriate Business account to apply.
Prescription Drug Outlet-Out-of-State	OSP	This application is only available for Business accounts. You are currently logged in as an Individual. Please login with the appropriate Business account to apply.
Specialized Prescription Drug	SPDO	This application is only available for Business accounts. You are currently logged in as an Individual. Please login with the appropriate

PROCESS THROUGH ALL REGISTRATION QUESTIONS

This portion will take about 20-30 minutes. You can pause or cancel the application at any point. If you pause the application process, you can re-open/continue the application by making your way back to the 'Apply For a New License' List. Your application will show as pending at the top of the list.

Pharmacy Technician

Pharmacy Technician - Welcome

Pharmacy Technician - Welcome

Pharmacy Technician - Welcome

Fields marked with an asterisk * are required.

Pharmacy Technician Application | Welcome

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

1. Welcome to Online Pharmacy Technician Application. Before you begin, please review the important information below:

To apply you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- [Pharmacy Technician by Original](#)
 - Have received certification from a nationally recognized certification board or body approved by the [National Association of Boards of Pharmacy](#) such as the [Pharmacy Technici](#) not apply.
 - Have submitted to a criminal history check as a condition of employment at your current employer, as a condition of participating in a course of study with a certifying board or t submitted to a criminal history check, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Pharmacy Technician certificate. We'll ask more spe cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete document

Still ready to go?

To move on to the next part of the application select Original in the drop-down box below and then select the "Next" button.

*

Begin Application.

Name Change - If you have had a legal name change since you have held a license with the State of Colorado, select Yes and provide name change documentation. Otherwise, select No.

Pharmacy Technician

Application - Applicant Information

Pharmacy Technician - Welcome

Application - Applicant Information

Fields marked with an asterisk * are required.

Application | Applicant Information

2. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

* Yes No

3. What is your Date of Birth?

* (MM/DD/YYYY) Today

4. Optional - What Gender do you identify with?

- select one - ▼

5. What is your Birth City?

*

6. What is your Birth State?
(If born outside of the United States, select "Foreign Country" in the dropdown below)

* - select one - ▼

7. What is your Birth Country?

* - select one - ▼

Provider Military information, if necessary. Otherwise, select No.

Pharmacy Technician

Application - Military

Fields marked with an asterisk * are required.

Application | Military

10. Are you an active member of the U.S. Military, National Guard or Military Reserves?
*

11.
• If yes to the above, what branch of the military are you currently serving in?

12.
• If yes to the above, what is the Duty Station you are located at?

13. Are you a Veteran of the U.S. Military?
*

14.
• If yes to the above, what was the date of your discharge from the U.S. Military?
 (MM/DD/YYYY) [Today](#)

15. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?
*

Previous Next

Confirm that you are a U.S. Citizen

Pharmacy Technician

Pharmacy
Technician -
Welcome

Application -
Applicant
Information

Application -
Military

AoE Lawful
Presence

AoE Lawful Presence

Fields marked with an asterisk * are required.

Affidavit of Eligibility | Section A: Lawful Presence

25. Choose one of the following Lawful Presence types below and select "Next" to continue.

- * I am a U.S. Citizen.
- I am NOT a U.S. Citizen OR I am a Naturalized Citizen with a Certificate of Naturalization.

Select that you are physically present in the U.S.

Pharmacy Technician

Pharmacy Technician - Welcome

Application - Applicant Information

Application - Military

AoE Lawful Presence

AoE US Citizen Physically Present

AoE US Citizen Physically Present

Fields marked with an asterisk * are required.

Affidavit of Eligibility | Section A: Lawful Presence

26. Choose one of the following options and select "Next" to continue.

* I am currently, physically present in the U.S.

I am NOT currently, physically present or employed within the U.S.

Pharmacy Technician

Pharmacy Technician - Welcome

Application - Applicant Information

Application - Military

AoE Lawful Presence

AoE US Citizen Physically Present

AoE US Citizen Secure Docs

AoE US Citizen Secure Docs

Fields marked with an asterisk * are required.

Affidavit of Eligibility | Section B: Verification Documents

27. Choose below one of the secure and verifiable document options that you will use to prove lawful presence:

- Colorado Driver's License
- Colorado Identification Card
- Out of State Driver's License or Identification Card
- Valid U.S. Military Common Access Card
- Tribal ID Card
- U.S. Passport

*

28. Enter the Document Number (Drivers License/ID Number, Card Number or Passport Number):

*

Enter Today's Date, and attest that you have read the following statements.

Pharmacy Technician

Pharmacy Technician - Welcome

Application - Applicant Information

Application - Military

AoE Lawful Presence

AoE US Citizen Physically Present

AoE US Citizen Secure Docs

AoE Attestation

AoE Attestation


Fields marked with an asterisk * are required.

Affidavit of Eligibility | Section C: Attestation

By submitting this Affidavit of Eligibility (AoE) you are attesting that you have read and understand the statements below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 119 asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

119. Please enter today's date below:

*  (MM/DD/YYYY) Today

Previous Next

Upload PTCB Certification

Download your PTCB certification from <https://portal.ptcb.org/Certification/Verification/Search/form.aspx> and save as a PDF file.

Pharmacy Technician

Pharmacy Technician - Certification and Background Check

Fields marked with an asterisk * are required.

Pharmacy Technician Application | Certification and Background Check Information

120. Can you attest that you submitted to a criminal history check as a condition of employment at a pharmacy or other outlet as required by your current employer, as a condition of participating in a cour certification from a certifying board or body?
DORA reserves the right to review this information.

* Yes No

121. You must be currently certified by a nationally recognized certification board or body approved by the [National Association of Boards of Pharmacy](#) such as the [Pharmacy Technician Certification Boar](#)
Upload your certificate documenting your certification with an approved certification board or body.
Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the documen

No document(s) uploaded for this question.

Select a document to upload:
 No file chosen

* File types accepted: [ach](#), [bmp](#), [doc](#), [docx](#), [fil](#), [pdf](#), [rtf](#), [tif](#), [txt](#), [vsd](#), [wpd](#), [xls](#), [xlsx](#)

122. Do you currently hold or have you ever held a Pharmacy Technician license, registration or certification in Colorado or any other state?

* Yes No

123. Because you said "yes" to the question regarding holding a Pharmacy Technician license, registration or certification in Colorado or any other state, you must list ALL certifications below:

Upload to website

121. You must be currently certified by a nationally recognized certification board or body approved by the [National Association of](#)
Upload your certificate documenting your certification with an approved certification board or body.
Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, s

No document(s) uploaded for this question.

Select a document

File types accepted: .tif, .txt, .vsd, .wpd, .xls, .xlsx

Error encountered: you have attempted to upload a document with an invalid type.

Upload at least one file

Continue proceeding through each section of the application process

Answer the required application screening questions

Pharmacy Technician

Welcome

Application - Screening Questions

Application - Applicant Information

Application - Military

AoE Lawful Presence

AoE US Citizen Physically Present

AoE US Citizen Secure Docs

AoE Attestation

Pharmacy Technician - Certification and Background Check

Application - Screening Questions

Fields marked with an asterisk * are required.

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:

125.

- An arrest, discipline, sanction or warning?

* Yes No

126.

- Loss or suspension of any license?

* Yes No

127.

- Termination or suspension from school or employment?

* Yes No

128.

- Endangering the safety of others?

* Yes No

Previous Next

Application - Screening Inquiry Questions

Fields marked with an asterisk * are required.

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom.

Have you ever had any inquiry, investigation or administrative/judicial proceeding by:

139.
• A Licensing Authority other than a Colorado State Board or Program?

* Yes No

140.
• A Government Agency?

* Yes No

141.
• A Court?

* Yes No

142.
• An Employer?

* Yes No

Previous

Next

Select Today's Date Attesting that Information you have provided is accurate

Pharmacy Technician

Pharmacy Technician - Attestation

Fields marked with an asterisk * are required.

Pharmacy Technician Application | Attestation

151. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Pharmacy Technician application. If you be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

* (MM/DD/YYYY) [Today](#)

Previous Next

Location of Practice - Select Yes

You ARE currently practicing as a healthcare professional

Pharmacy Technician	
Secure Docs	Healthcare Profile - Location of Practice
AoE Attestation	Fields marked with an asterisk * are required.
Pharmacy Technician - Certification and Background Check	Healthcare Professions Profile Location of Practice
Application - Screening Questions	152. Are you currently practicing in the healthcare profession associated with this profile? For more information about what must be reported, review Director Policy #3 .
Application - Screening Inquiry Questions	* <input type="text" value="- select one -"/>
Pharmacy Technician - Attestation	<input type="text" value="- select one -"/> Yes No
Healthcare Profile - Pharmacy Technician Introduction	
Healthcare Profile - Location of	

Add Healthcare Location Practice Site Information

Enter the Good Day Pharmacy Location Setting you practice as a pharmacy technician

If you work at multiple locations, you will need to add multiple practice sites

Pharmacy Technician

Healthcare Profile - Location of Practice if Yes (WF)

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Location of Practice

153. Add your Practice Locations by selecting the "add" button below. If you already have Practice Locations listed that you need to edit you may choose the pencil icon in the "Action" column:
You must enter all locations where you practice the field in which you are licensed.

The questions regarding the type of care being provided and the care settings are being collected per HB 12.1052. These questions will assist the state in assessing the health professional workforce in your community and will effect the distribution of healthcare workforce practice incentives in under served communities. You are not required to complete these additional questions as a part of your profile submission and your responses to the questions below will not be included in the public search of profiles. Your responses will, however, substantially assist the state in improving access to care within your community. Thank you in advance for your willingness to help improve access to healthcare in Colorado.

Please enter the average hours per week of the services below at this location. For questions the care and setting questions, please enter a zero (0) in the field if it is a service you do not provide so your information will be included in the assessment.

Action	Address	City	State	Zip Code	Phone Number	Direct Face-to-Face Care Inpatient	Direct Face-to-Face Care Outpatient	Telemedicine/Telehealth	Indirect Patient Care/Collateral Care	Other Non-Clinical and Administrative Activities	Practice Setting Type	Practice Setting Description
No Records Found												

Add



Add your Practice Locations by selecting the "add" button below. If you already have Practice Locations listed that you need to edit you may choose the pencil icon in the "Action" column:

You must enter all locations where you practice the field in which you are licensed.

The questions regarding the type of care being provided and the care settings are being collected per HB 12-1052. These questions will assist the state in assessing the health professional workforce in your community and will effect the distribution of healthcare workforce practice incentives in under served communities. You are not required to complete these additional questions as a part of your profile submission and your responses to the questions below will not be included in the public search of profiles. Your responses will, however, substantially assist the state in improving access to care within your community. Thank you in advance for your willingness to help improve access to healthcare in Colorado.

Please enter the average hours per week of the services below at this location. For questions the care and setting questions, please enter a zero (0) in the field if it is a service you do not provide so your information will be included in the assessment.

Address

*

City
Pennie Grill

*

State

*

Zip Code

*

Phone Number

*

Direct Face-to-Face Care Inpatient

OK

Cancel

Leave the non-required fields blank

Direct Face-to-Face Care Inpatient

Direct Face-to-Face Care Outpatient

Telemedicine/Telehealth

Indirect Patient Care/Collateral Care

Other Non-Clinical and Administrative Activities

Practice Setting Type

Practice Setting Description

OK

Cancel

Enter your education and Training Information

Healthcare Profile - Pharmacy Technician Education and Training

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Education and Training

154. Please select the highest level of education received as it pertains to your profession.

If your degree is not listed, please select "Foreign Trained" for education outside of the United States or "Other" for a United States degree that is not included.

For more information about what must be reported, review [Director Policy #3](#).

*

155. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

*

Continue through application process

Healthcare Profile - Other Licenses

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Other Licenses

156. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

For more information about what must be reported, review [Director Policy #4](#).

*

No ▼

Hospital Affiliations – Select No

Healthcare Profile - Colorado Hospital Affiliations

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Colorado Hospital Affiliations

158. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

Hospital Affiliations and clinical privileges include *locum tenens* lasting for longer than six months, teaching positions, and any relationship with a hospital including positions on boards of directors.

For more information about what must be reported, review [Director Policy #4](#).

*

No ▼

Business Ownership – Select No

▲ Healthcare Profile - Business Ownership

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Business Ownership

162. Do you have a current business ownership interest in any healthcare-related business?

For more information about what must be reported, review [Director Policy #4](#).

*

Employer – Select YES

Good Day Pharmacy is your employeer

Healthcare Profile - Employer

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Employer

164. Do you have an employer in the profession in which you are licensed or are applying for a license?

For more information about what must be reported, review [Director Policy #3](#).

*

- select one - ▼

Enter Employer Information

Good Day Pharmacy

3780 E. 15th St. Suite 102

Loveland, CO 80538

Healthcare Profile - Employer if Yes

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Employer

165. Add your current Employer(s) by selecting the "add" button below. If you already have employers listed that you need to edit, you may choose the pencil icon in the "Action" column:

List all current employers. If you work for a temporary agency, please list the agency as your employer. Any changes in employers must be updated within one year of the change.

Employer Name

*

Address

*

City

*

State (if outside of the United States, select Foreign Country)

*

Zip Code

*

Phone Number

*

OK Cancel

Action	Employer Name	Address	City

No Records

Add

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Employer

165. Add your current Employer(s) by selecting the "add" button below. If you already have employers listed that you need to edit, you can click the edit icon. List all current employers. If you work for a temporary agency, please list the agency as your employer. Any changes in employers must be made by the deadline.

Action	Employer Name	Address	City	State	Zip Code	Phone Number
*  	Good Day Pharmacy	3780 E 15th Street	Loveland	Colorado	80538	(970) 461-1975

Add

Employment Contracts – Select No

Healthcare Profile - Employment Contracts

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Employment Contracts

166. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

This does not include contracts with insurance providers. Any contract with a hospital, durable medical equipment company or pharmaceutical company must be reported.

For more information about what must be reported, review [Director Policy #4](#).

*

- select one - ▼

Continue through Application Process and select answer within drop down menus

Healthcare Profile - Disciplinary Actions

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Disciplinary Actions

168. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

For more information about what must be reported, review [Director Policy #5](#).

*

Healthcare Profile - Restrictions and Suspensions

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Restrictions and Suspensions

170. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

For more information about what must be reported, review [Director Policy #5](#).

*

Healthcare Profile - Healthcare Facility Actions

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Healthcare Facility Actions

172. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, non-renewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility?

You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

For more information about what must be reported, review [Director Policy #5](#).

*

Healthcare Profile - Termination of Employment

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Termination of Employment

174. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

For more information about what must be reported, review [Director Policy #5](#).

*

Healthcare Profile - Convictions

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Convictions

176. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

For more information about what must be reported, review [Director Policy #6](#).

*

Healthcare Profile - Malpractice Claims

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Malpractice Claims

178. Since September 1, 1990, have you had any final judgment, entered into a settlement

For more information about what must be reported, review [Director Policy #5](#).

*

Healthcare Profile - Malpractice Claims

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Malpractice Claims

178. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

For more information about what must be reported, review [Director Policy #5](#).

*

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Malpractice Carrier Refusal

180. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

This does not include cancellations or terminations due to non-payment

For more information about what must be reported, review [Director Policy #5](#).

*

No ▼

Attest to accuracy of all information provided

Healthcare Profile - Attestation

Fields marked with an asterisk * are required.

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

183. Enter today's date:

*  (MM/DD/YYYY) [Today](#)

Congratulations! You have answered all application questions.

Select Proceed to Payment

Pharmacy Technician

Screening Questions | Review | [Print Review](#)

Application - Screening Inquiry Questions

Pharmacy Technician - Attestation

Healthcare Profile - Pharmacy Technician Introduction

Healthcare Profile - Location of Practice

Healthcare Profile - Location of Practice if Yes (WF)

Healthcare Profile - Pharmacy Technician Education and Training

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.

Fees

PHAT - Original License Fee	\$57.00
Total Fees:	\$57.00

Pharmacy Technician - Welcome

1. Welcome to Online Pharmacy Technician Application. Before you begin, please review the important information below:

To apply you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- [Pharmacy Technician by Original](#)
 - Have received certification from a nationally recognized certification board or body approved by the [National Association of Boards of Pharmacy](#) such as the [Pharmacy Technician Certification Board](#). If you are not certified by the Pharmacy Technician Certification Board, do not apply.
 - Have submitted to a criminal history check as a condition of employment at your current employer, as a condition of participating in a course of study with a certifying board or body, or in connection with obtaining certification from a certifying board or body. If you have not submitted to a criminal history check, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Pharmacy Technician certificate. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go?

To move on to the next part of the application select Original in the drop-down box below and then select the "Next" button.

Original

[Previous](#) | [Proceed to Payment](#) | [Close and Save](#)

You will be redirected to pay invoice.

The price to register with the state is \$57. You are responsible for this portion.



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

HOME

MY ACCOUNT

ONLINE SERVICES ▾

Invoice

Pay Invoice

YOU ARE ALMOST FINISHED You may add other licenses to your cart or click pay invoice to go to payment. You must confirm payment receipt in order for your application to be processed.

To remove an item from your cart, click the "trash can" icon next to the renewal/application you wish to remove from your cart. The item will be returned to the main renewal or application page.

Review your invoice for accuracy before you checkout. If you wish to remove any items, click the trash can icon to the left of the item. To pay your item(s) click the Pay Invoice button.

Please note that fees are non-refundable and non-transferable.




Date: 12/17/2019

Invoice #

2155077



Description	Amount
 Application - Pharmacy Technician	
PHAT - Original License Fee	\$57.00
	Subtotal: \$57.00
	Total: \$57.00

Pay Invoice

Proceed with your preferred payment option. Manually enter a Credit Card is the easiest option.



Colorado.gov
Secured Online Payment Process



COLORADO
Official State Web Portal

1. Payment Options

2. Payment Information

3. Account Holder Information

4. Confirmation

5. Customer Receipt

Please select a payment option below.



Manually Enter a Credit Card



Electronic Check

Cancel



Enter Account Holder Information

Follow all required formats (Phone xxx-xxx-xxxx)



Colorado.gov
Secured Online Payment Process



COLORADO
Official State Web Portal

1. Payment Options

2. Payment Information

3. Account Holder Information

4. Confirmation

5. Customer Receipt

Enter the billing information, or [change payment type](#).

Be sure to enter the name exactly as it appears on the card. A phone number and email address are required in the event we need to contact you. An email receipt will be sent if you provide a valid email address.

* Denotes a Required Field

* First Name

Middle Name

* Last Name

* Address

Address 2

Select Agree/Continue to Process Payment

Transaction Details			
Description	Amount	Quantity	Total Amount
PHAT - Original License Fee	\$57.00	1	\$57.00
Total:			\$57.00

Notes

The following amount will be charged to the above credit card. The credit card statement will show the following merchant name(s) and amount(s) for this transaction.

Merchant	Amount
DORA Licensing	\$57.00

The total amount of this transaction is \$57.00.

Agree/Continue

Disagree/Exit

Print Proof of Payment Receipt for your records



**Department of
Regulatory Agencies**

Division of Professions and Occupations

[HOME](#) [MY ACCOUNT](#) [ONLINE](#)

Payment Receipt

To pay your item(s) click the Pay Invoice button.
Please note that fees are non-refundable and non-transferable.

Date: 12/17/2019 Invoice # 2155077 Confirmation #: 124626064



Approved!

You have been charged \$57.00 to the [Division of Professions and Occupations](#)

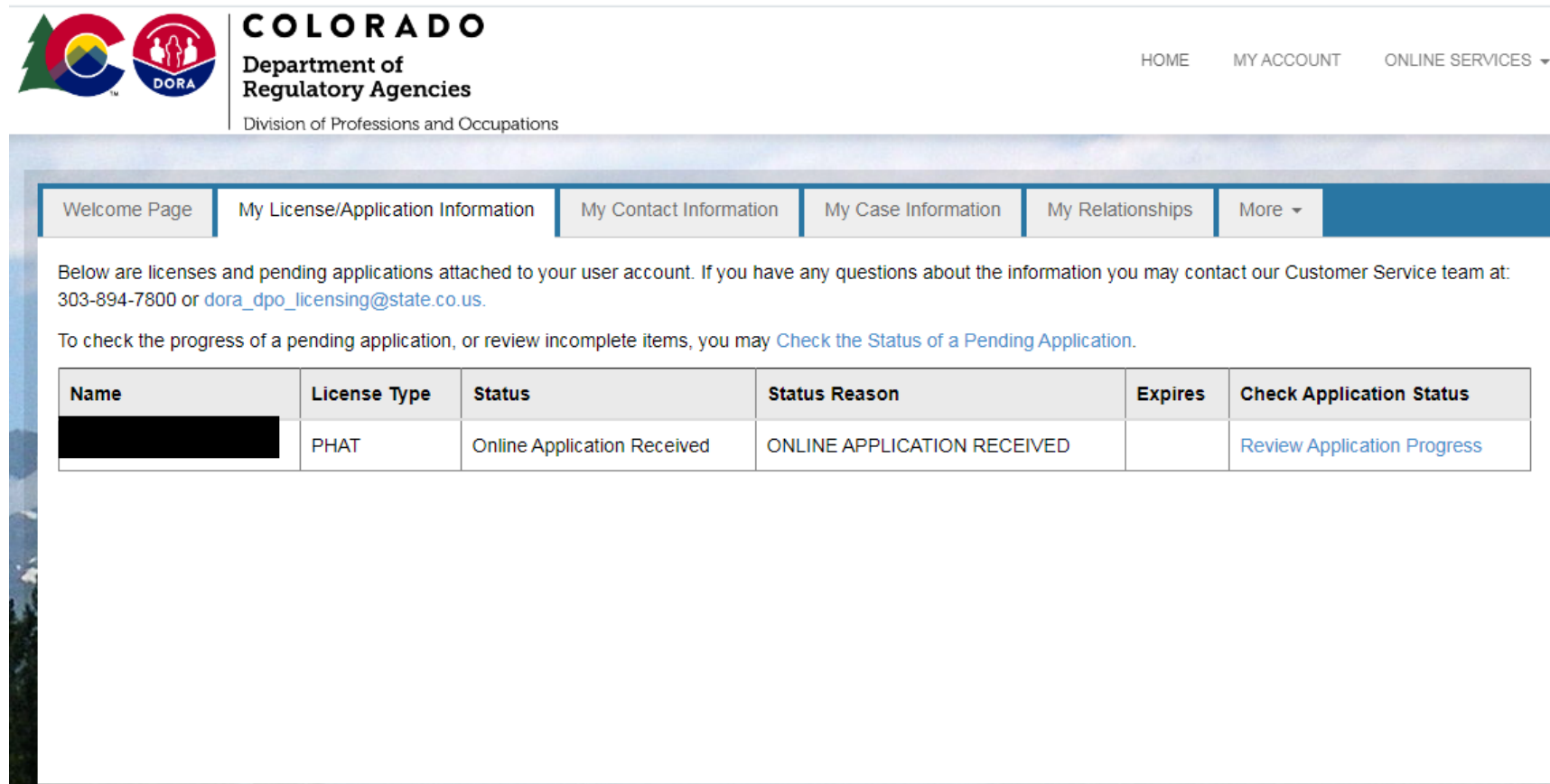
Please print a copy for your records from the button above.
This receipt is not a license or an authorization to do business.

Description	Amount
Application - Pharmacy Technician	
PHAT - Original License Fee	\$57.00
	Subtotal: \$57.00
	Total: \$57.00
	Amount Paid: (\$57.00)

Check on License/Application Statuts

Navigate to the home screen and select the 'My License/Application Information' tab to view the status of your application.

The approval process may take up to 30 days.



The screenshot shows the website header with the Colorado Department of Regulatory Agencies logo and navigation links. Below the header is a navigation bar with tabs for 'Welcome Page', 'My License/Application Information', 'My Contact Information', 'My Case Information', 'My Relationships', and 'More'. The 'My License/Application Information' tab is selected. Below the navigation bar, there is a text block providing contact information for the Customer Service team and a link to check the status of a pending application. Below the text is a table with one row of application data.

COLORADO
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Division of Professions and Occupations

HOME MY ACCOUNT ONLINE SERVICES ▾

Welcome Page My License/Application Information My Contact Information My Case Information My Relationships More ▾

Below are licenses and pending applications attached to your user account. If you have any questions about the information you may contact our Customer Service team at: 303-894-7800 or dora_dpo_licensing@state.co.us.

To check the progress of a pending application, or review incomplete items, you may [Check the Status of a Pending Application](#).

Name	License Type	Status	Status Reason	Expires	Check Application Status
[REDACTED]	PHAT	Online Application Received	ONLINE APPLICATION RECEIVED		Review Application Progress