



1 GENERAL GOVERNMENT CABINET

2 Kentucky Board of Pharmacy

3 (Amendment)

4 201 KAR 2:045. Technicians.

5 RELATES TO: KRS 315.010(12), (20), (26), 315.020(4)(b), 315.191(1)(a), (g), (l)

6 STATUTORY AUTHORITY: KRS 315.010(21)(20), 315.020(4)(b), 315.191(1)(a), (g), (l)

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.191(1)(a) authorizes the board
8 to promulgate administrative regulations governing pharmacy technicians. KRS
9 315.020(4)(b) authorizes the board to establish the scope of practice for pharmacy
10 technicians. KRS 315.010(20) and 315.191(1)(l) authorize the board to promulgate
11 administrative regulations establishing when a pharmacy technician may ~~can~~ practice
12 under the general, rather than immediate, supervision of a pharmacist. This administrative
13 regulation establishes the qualifications required for a pharmacy technician to practice
14 under the general supervision of a pharmacist~~[-]~~ and establishes the scope of practice for
15 a pharmacy technician.

16 Section 1. Certified Pharmacy Technician Recognition.

17 (1) A person shall be recognized by the board as a certified pharmacy technician, if:

18 ~~{(1)}~~ (a) 1. The person has successfully completed the Pharmacy Technician Certification
19 Exam (PTCE) administered by the Pharmacy Technician Certification Board (PTCB) or

1 the Examination for the Certification of Pharmacy Technicians (ExCPT) by the National
2 Healthcareer Association (NHA); and

3 2.[(b)] The certificate issued by the PTCB or NHA is current; or

4 (b)[(2)] The person has successfully completed the Nuclear Pharmacy Technician
5 Training Program at the University of Tennessee or other entity approved by the Board of
6 Pharmacy.

7 Section 2. Registered Technician.

8 (1) A registered pharmacy technician may, under the immediate supervision of a
9 pharmacist, engage in the following activities at a permitted location to the extent that
10 the activities do not require the exercise of professional judgment:

11 (a) Initiate or receive telephonic or electronic communication from a practitioner or
12 practitioner's agent concerning refill authorization. If the practitioner or practitioner's
13 agent communicates information that does not relate to the refill authorization:

14 1. The technician shall immediately inform the pharmacist; and

15 2. The pharmacist shall receive the communication;

16 (b) Enter information into and retrieve information from a database or patient profile,
17 including order entry;

18 (c) Prepare and affix labels;

19 (d) Stock and retrieve, or return product to or from the pharmacy inventory including the
20 stocking and loading of an automated filling or dispensing system with the use of
21 barcode technology;

22 (e) Count and pour prescription drugs into patient storage containers;

23 (f) Obtain, record or maintain information for a patient record;

- 1 (g) Make an offer to counsel;
- 2 (h) Sell and record the sale of an over-the-counter ephedrine, pseudoephedrine, or
- 3 phenylpropanolamine product;
- 4 (i) Prepare for delivery unit dose mobile transport systems that have been refilled by
- 5 another technician in an institutional pharmacy;
- 6 (j) Receive diagnostic orders within a nuclear pharmacy; and,
- 7 (k) Non-sterile and sterile drug compounding.
- 8 (2) A registered pharmacy technician may, under electronic supervision, perform order
- 9 entry from a location outside of the permitted pharmacy pursuant to KRS 315.020(5)(b)
- 10 and (c).
- 11 (3) A registered pharmacy technician may, under general supervision:
- 12 (a) Administer a vaccine to an individual if the technician:
- 13 1. Completes a minimum of two (2) hours of immunization-related continuing education
- 14 accredited by the Accreditation Council for Pharmacy Education (ACPE) per each state
- 15 registration period;
- 16 2. Completes, or has completed, a practical training program accredited by ACPE that
- 17 includes hands-on injection technique and the recognition and treatment of emergency
- 18 reactions to vaccines; and
- 19 3. Possesses a current certificate in basic cardiopulmonary resuscitation.
- 20 (b) Stock an automated dispensing system in a residential hospice facility if a
- 21 pharmacist is on-site; and
- 22 (c) Administer point of care tests.
- 23 Section 3. Certified Pharmacy Technician.

1 (1) A certified pharmacy technician, under the general supervision of a pharmacist, may
2 be delegated by the supervising pharmacist to perform any function within the practice of
3 pharmacy except the following: [~~the following functions under the general supervision of~~
4 ~~a pharmacist~~]:

5 (a) Patient counseling, including clinical advisement necessary to all areas of a patient's
6 health;

7 (b) Drug evaluation, utilization, and regimen review;

8 (c) Interpretation of medical orders and prescriptions;

9 (d) Final product verification;

10 (e) Receipt of new verbal prescription drug or medical orders; and

11 (f) Other acts, services, or decisions that require professional judgement.

12 [~~(1) Certify for delivery unit dose mobile transport systems that have been refilled by~~
13 ~~another technician;~~

14 ~~(2) Within a nuclear pharmacy, receive diagnostic orders; and~~

15 ~~(3)~~

16 ~~(a) Initiate or receive a telephonic communication from a practitioner or practitioner's~~
17 ~~agent concerning refill authorization, after the certified pharmacy technician clearly~~
18 ~~identifies himself or herself as a certified pharmacy technician; and~~

19 ~~(b) If a practitioner or practitioner's agent communicates information that does not relate~~
20 ~~to the refill authorization:~~

21 ~~1. A technician shall immediately inform the pharmacist; and~~

22 ~~2. The pharmacist shall receive the communication.]~~

23 Section 4 [3]. Directing pharmacist responsibility.

1 (1) [~~A technician who has not been certified by PTCB or NHA may perform the functions~~
2 ~~specified by Section 2 of this administrative regulation under the immediate supervision~~
3 ~~of a pharmacist.~~]

4 ~~[(2)]~~ A function performed by a certified pharmacy technician or registered pharmacy
5 technician shall be performed subject to the review of the pharmacist who directed the
6 technician to perform the function.

7 ~~(2) [(3)]~~ A pharmacist who directs a certified pharmacy technician or registered pharmacy
8 technician to perform a function shall be responsible for the technician and the
9 performance of the function.

10 Section 5. Pharmacy technician application.

11 1. An applicant shall provide the following information as part of their initial technician
12 registration application:

13 (a) Name, maiden, and other names used currently or previously;

14 (b) telephone number;

15 (c) address;

16 (d) social security number;

17 (e) NABP eprofile number;

18 (f) email address;

19 (g) place of employment;

20 (h) Record of convictions of any felony or misdemeanor offense, other than traffic
21 offenses, and whether or not a sentence was imposed or suspended;

22 (i) Record of any technician registration revocation, suspension, restriction, termination,
23 or other disciplinary action by any board of pharmacy or other state authority;

1 (j) Record of licensure, certification or registration as a pharmacy technician in any other
2 state, if applicable;

3 (k) Record of certification as a pharmacy technician with a national organization, if
4 applicable; and

5 (l) if they are seeking registration solely as a charitable pharmacy technician.

6 Section 6. Material Incorporated by Reference.

7 1. The following material is incorporated by reference:

8 (a) "Application for Registration as a Pharmacy Technician", 03/2025

9 (b) "Application for Pharmacy Technician Renewal", 03/2025

10 2. This material may be inspected, copied, or obtained, subject to applicable copyright

11 law, at the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125

12 Holmes Street, Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to 4:30 p.m.

13 This material is also available on the Board's website at:

14 [https://pharmacy.ky.gov/statutesandregulations/Documents/Applications%20for%20Indi](https://pharmacy.ky.gov/statutesandregulations/Documents/Applications%20for%20Individuals%20-%20Incorporated%20By%20Reference.pdf)

15 [viduals%20-%20Incorporated%20By%20Reference.pdf](https://pharmacy.ky.gov/statutesandregulations/Documents/Applications%20for%20Individuals%20-%20Incorporated%20By%20Reference.pdf)

CH

Christopher Harlow, Pharm.D.
Executive Director
Board of Pharmacy

March 6, 2025

PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall be held on May 28, 2025, at 10:00 a.m. Eastern Time at 125 Holmes Street, First Floor Conference Room and via zoom teleconference. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through May 31, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

Contact person: Christopher Harlow, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email Christopher.harlow@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 2:045. Technicians.

Contact person: Christopher Harlow, Phone 502-564-7910, email christopher.harlow@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the functions that pharmacy technicians are authorized to perform. This regulation also establishes the criteria for registration as a certified pharmacy technician.

(b) The necessity of this administrative regulation: This administrative regulation is necessary to assist pharmacists in the practice of pharmacy. Without this regulation there is no indication as to what a pharmacy technician may or may not do.

(c) How this administrative regulation conforms to the content of the authorizing statutes: KRS 315.191(1)(a) provides the Board with the authority to promulgate administrative regulations necessary to regulate and control all matters set forth in KRS 315 relating to pharmacy technicians.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation provides clarity as to what technicians may or may not do. KRS 315.135 and KRS 315.136 authorize the registration of pharmacy technicians.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment provides detailed tasks that pharmacy technicians may perform and it creates delegated tasks that certified pharmacy technicians may perform.

(b) The necessity of the amendment to this administrative regulation: This amendment was necessary to ensure that pharmacists were assisted in the practice of pharmacy to prevent pharmacies from being overwhelmed with prescription volume. This amendment is also narrowly tailored to ensure public protection.

(c) How the amendment conforms to the content of the authorizing statutes: This amendment conforms to KRS 315.191(1)(a) and the authority to promulgate regulations to control and regulate pharmacy technicians.

(d) How the amendment will assist in the effective administration of the statutes: This amendment provides clarity as to what technicians may or may not do. KRS 315.135 and KRS 315.136 authorize the registration of pharmacy technicians.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: Pharmacies, pharmacists, pharmacy technicians and pharmacist interns will be impacted by this administrative regulation.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Pharmacies,

pharmacists, pharmacy technicians and pharmacist interns will have to familiarize themselves with the changes in tasks that pharmacy technicians may perform.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): It will not cost regulated entities anything to comply with the amendment.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Pharmacists will have a greater ability to have assistance from technicians, allowing them more time to spend with patients and providing clinical services.

(5) Provide an estimate of how much it will cost to implement this administrative Regulation:

(a) Initially: 0

(b) On a continuing basis: 0

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: The Board will enforce this regulation through regular pharmacy inspections which are already funded through the Board's budget.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There will be no fee increase with this administrative regulation.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: There are no fees established directly or indirectly by this regulation.

(9) TIERING: Is tiering applied? (Explain why tiering was or was not used) Certified technicians are provided with the ability to perform more tasks, as delegated by a supervising pharmacist, because they have attained a level of competency with a national exam. A non-certified technician has no special education or credential.

FISCAL IMPACT STATEMENT

201 KAR 2:045. Technicians.

Contact person: Christopher Harlow, Phone 502-564-7910, email christopher.harlow@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 315.191(1)(a)

(2) Identify the promulgating agency and any other affected state units, parts, or divisions: The promulgating agency is the Kentucky Board of Pharmacy. We do not anticipate any other state units to be impacted by this regulation.

(a) Estimate the following for the first year:

Expenditures: 0

Revenues: 0

Cost Savings: 0

(b) How will expenditures, revenues, or cost savings differ in subsequent years? They will still remain 0.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts): There are no local affected entities with the exception of the Board.

(a) Estimate the following for the first year:

Expenditures: n/a

Revenues: n/a

Cost Savings: n/a

(b) How will expenditures, revenues, or cost savings differ in subsequent years? n/a

(4) Identify additional regulated entities not listed in questions (2) or (3): Regulated entities will include pharmacies, pharmacists, and pharmacy technicians.

(a) Estimate the following for the first year:

Expenditures: 0

Revenues: 0

Cost Savings: There could be some cost savings because a pharmacy technician may be able to perform a task previously reserved for a pharmacist only.

(b) How will expenditures, revenues, or cost savings differ in subsequent years? They should remain the same.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation: This regulation has no fiscal impact.

(b) Methodology and resources used to determine the fiscal impact: An analysis of the Board's budget and what it will take regulated entities to comply with this regulation.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate): This administrative regulation will not have an overall negative or adverse major economic impact.

(b) The methodology and resources used to reach this conclusion: The Board reviewed what it would cost permitted entities to comply with this statute.

SUMMARY OF MATERIAL INCORPORATED BY REFERENCE

“Application for Registration as a Pharmacy Technician”, 03/2025 is a two-page document required to be completed by the applicant. The application is reviewed by Board staff to determine approval. If there are concerns, the Board reviews the application and asks the applicant to appear to answer further questions.

“Application for Pharmacy Technician Renewal”, 03/2025 is a two-page document required to be completed annually by each pharmacy technician that wishes to continue assisting in the practice of pharmacy.

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806
Email: pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Application for Registration as a Pharmacy Technician

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' or pay [online via Licensure Gateway Portal](#). Mail to the above address for the amount of \$25.00. All applicable entries must be completed. Incomplete applications will be returned.

I. Information:

Name:

Street:

City:

State:

Zip:

Email Address:

Phone Number:

Date of Birth:



Sex:
Race (optional):
Social Security Number:

A. Have you ever been convicted of a misdemeanor or felony?

YES*	NO
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*If yes: Please attach an explanation

B. Have you ever been convicted of violation(s) of any drug/alcohol laws?

YES*	NO
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* If yes: Please attach an explanation

C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy?

YES*	NO
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* If yes: Please attach an explanation

D. Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy?

YES*	NO
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*** If yes:** Please attach an explanation

III. NABP Information:

NABP E-Profile No:

IV. Other Licenses or Certifications:

A. Are you currently licensed, certified, or registered as a pharmacy technician in any other state?

YES*	NO
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***If yes:** Please attach a list of all states and registration numbers

B. Are you certified as a pharmacy technician with a national organization?

YES*	NO
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***If yes:** Please attach a copy of your national certification

V. Employer Information:

Employer Name:

Employer's Kentucky Permit No:

Employer's Address:

Employer's Position:



★ If you have more than one employer please include the following information for each of your other employers ★

1.Name:	Address:
Position:	Permit No:
2.Name:	Address:
Position:	Permit No:
3.Name:	Address:
Employment Position:	Permit No:

(Use supplemental information page if necessary)

VI. Are you applying to only serve as a Charitable Pharmacy Technician?

YES	NO
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Pursuant to KRS 315.136 Section 1 [2], pharmacy technicians who serve only on a voluntary basis as a pharmacy technician with a pharmacy operated by a charitable provider as defined in KRS 142.301(2) shall not be required to pay the application fee. This applies only to those individuals who volunteer at a charitable pharmacy.



VI. Are you renewing as a Charitable Pharmacy Technician?

YES	NO
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Pursuant to KRS 315.136 Section 1 [2], pharmacy technicians who serve only on a voluntary basis as a pharmacy technician with a pharmacy operated by a charitable provider as defined in KRS 142.301(2) shall not be required to pay the application fee. This applies only to those individuals who volunteer at a charitable pharmacy.

- I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or units, and that I understand according to the Kentucky Revised Statutes a registration may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a registration.

Signature:

Date:



**KENTUCKY BOARD OF
PHARMACY**

**State Office Building
Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806**

Email:
pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Application for Pharmacy Technician Renewal

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' or pay [online via Licensure Gateway Portal](#). Mail to the above address for the amount of \$25.00. All applicable entries must be completed. Incomplete applications will be returned.

I. Information:

Name:

Pharmacy Technician Registration Number:

Street:

City:

State:

Zip:

Email Address:



Phone Number:

Date of Birth:

Sex:

Race (optional):

Social Security Number (last 4 digits):

A. Have you ever been convicted of a misdemeanor or felony, not previously reported to the Board?

YES*	NO
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***If yes:** Please attach an explanation

B. Have you ever been convicted of violation(s) of any drug/alcohol laws, not previously reported to the Board?

YES*	NO
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*** If yes:** Please attach an explanation

C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy, not previously reported to the Board?



YES*	NO
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* **If yes:** Please attach an explanation

D. Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy, not previously reported to the Board?

YES*	NO
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* **If yes:** Please attach an explanation

III. NABP Information:

NABP E-Profile No:

IV. Other Licenses or Certifications:

A. Are you currently licensed, certified, or registered as a pharmacy technician in any other state?

YES*	NO
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***If yes:** Please attach a list of all states and registration numbers

B. Are you certified as a pharmacy technician with a national organization?

YES*	NO
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***If yes:** Please attach a copy of your national certification if not previously provided to the Board

V. Employer Information:

Employer Name:

Employer's Kentucky Permit No:

Employer's Address:

Employer's Position:

★ If you have more than one employer please include the following information for each of your other employers ★

1.Name:	Address:
Position:	Permit No:

2.Name:	Address:
Position:	Permit No:

3.Name:	Address:
Employment Position:	Permit No:

(Use supplemental information page if necessary)



- I certify that the statements contained in this application are true, complete, and correct, and I agree that the statements shall form the basis of my application and I do authorize the Kentucky Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may now or in the future have concerning me to any person, corporation, institution, association, Board or any municipal, county, state, or federal governmental agencies or units, and that I understand according to the Kentucky Revised Statutes a registration may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other thing, in connection with an application for a registration.

Signature:

Date:

