



ASHP/ACPE Regulations on Accreditation of Pharmacy Technician Education and Training Programs

I. INTRODUCTION

Pharmacists need the assistance of well-educated and trained pharmacy technicians. With the foundation of a solid, uniform background for pharmacy technicians, the pharmacy profession will meet its maximum potential for exemplary patient care and positive healthcare outcomes. Since pharmacy technicians find themselves in a variety of environments, the American Society of Health-System Pharmacists (“ASHP”) and the Accreditation Council on Pharmacy Education (“ACPE”) have combined efforts to establish a consistent knowledge and skill base for pharmacy technicians in all practice settings through their program accreditation requirements.

The skill set and competence of pharmacy technicians who have completed established standardized education and training programs increases pharmacists’ time to devote to patients and their medication-related problems. The utilization of ASHP/ACPE pharmacy technician program accreditation will ensure future pipelines of well-qualified pharmacy technicians that will fulfill the mission and goals of the pharmacy profession.

II. DEFINITIONS

- A. Accreditation:** Approval by the ASHP and ACPE Boards of Directors (Collectively, the “Boards”) of a program conducting a pharmacy technician education and training program (referred to hereafter as “pharmacy technician program”) after the program has met requirements and has been reviewed and evaluated through an official process (document review, site survey, and review and evaluation by the Pharmacy Technician Accreditation Commission [“PTAC”]).
- B. Accredited Entity:** The entity with a physical location where administrative activities occur that delivers the Accredited Program. Entities are responsible for meeting accreditation standards and awarding graduation certificates to those students who successfully complete the program.
- C. Accredited Program:** A program that has been determined by the “Boards” to be in substantial compliance with accreditation regulations and standards.
- D. Candidate:** The status granted to a program that has applied to ASHP/ACPE for accreditation and is awaiting the official site survey and review and evaluation by the PTAC. Candidate status may or may not lead to accreditation, depending on the results of the review and evaluation by the PTAC.
- E. Conditional Accreditation:** The status assigned by ASHP/ACPE to a program that is not in substantial compliance with the accreditation regulations and standards, as usually evidenced by the degree of severity of non-compliance and/or partial compliance findings. Programs must remedy identified problem areas and may undergo a subsequent on-site

survey before being considered for continued accreditation. Programs with conditional accreditation are subject to withdrawal of accreditation unless substantial improvement in areas of non-compliance and/or partial compliance occurs in the time frame designated by the PTAC. Programs with conditional accreditation may also be required to undergo an on-site survey at the discretion of the PTAC.

- F. Program Management Site:** The physical location wherein applicants for accreditation of the pharmacy technician program conduct administration activities.
- G. PTAC:** The Pharmacy Technician Accreditation Commission, an advisory group which makes recommendations to the Boards.
- H. Substantive Change:** Changes in pharmacy technician program director or administrator, name of organization, accreditation status with another organization, content and construct of the program, organizational ownership and institutional accreditation, and any event that may affect the quality or delivery of the program.
- I. Resource:** Any assistive, instructive or informative tool that is used as an instrument for program coordination, program course delivery, and/or student learning. Examples of Resources may include but are not limited to any of the following: instructional models; charts; hardcopy or e-textbooks; CD-ROM software; presentation software such as MS Powerpoint® or Prezi®; designated subject matter experts (SMEs) and other human resources; internet-based software licenses; audio-visual equipment such as projectors, cameras or video cameras; electronic student portfolios; internet-based educational resource portals; hardcopy or online peer-reviewed journals or periodicals; publisher-supplied ancillary materials for use by students and instructors; Learning Management Systems (LMS) and any included integrated software systems; durable laboratory equipment; consumable classroom supplies; educational videos; or instructional games.
- J. Withdrawn:** The status assigned by ASHP/ACPE if a program in Conditional Accreditation status does not resolve identified areas of partial and non-compliance to the satisfaction of the PTAC. When Conditional Accreditation status is withdrawn, the program is no longer accredited.
- K. Withhold:** The status assigned by ASHP/ACPE to new programs not in substantial compliance with applicable accreditation regulations and standards as usually evidenced by the degree of severity of non-compliance and/or partial compliance findings. Programs must remedy identified problem areas and may undergo a subsequent site survey.

III. OBJECTIVES

Objectives of the accreditation program include the following:

- A.** to upgrade and standardize the formal education and training pharmacy technicians receive;
- B.** to guide, assist, and recognize those organizations and/or providers operating such programs;
- C.** to provide criteria to the prospective technician trainee in the selection of a program by identifying ASHP/ACPE accredited pharmacy technician programs;
- D.** to benefit pharmacy practice by identifying those pharmacy technicians who have completed an ASHP/ACPE accredited pharmacy technician program; and,

- E. to assist in the advancement and professional development of pharmacy technicians.

IV. AUTHORITY

Accreditation of pharmacy technician programs is established by the authority of the Boards upon recommendation of the PTAC. All matters of policy relating to the accreditation of programs will be submitted to the Boards for approval. PTAC shall review and evaluate applications and survey reports submitted and propose actions to the Boards in accordance with the policies and procedures set forth herein. The minutes of the PTAC shall be submitted to the Boards for review and action.

V. INITIAL ACCREDITATION PROCEDURES

The accreditation program shall be conducted as a service of ASHP and ACPE to any organization voluntarily requesting evaluation of its pharmacy technician program.

A. Application

1. Application forms are available on the ASHP Website (www.ashp.org) or may be requested from: American Society of Health-System Pharmacists, Vice President, Accreditation Services Office (“ASO”), 4500 East-West Highway, Suite 900, Bethesda, MD 20814. The application must be signed by the pharmacy technician program director, the senior administrator or manager to whom the technician program director reports, and the organization’s chief executive officer. Applications should be submitted electronically (via email to: asd@ashp.org), along with the supporting documents specified in the application instructions, to ASHP’s Vice President, ASO. A duplicate copy should be retained for the applicant’s files. Pharmacy technician program materials, including graduate certificates, must be program or campus specific. Programs offered by large post- secondary institutions with multiple campuses must produce campus-specific materials as outlined in the ASHP/ACPE Regulations on Accreditation and/or stated in the ASHP/ACPE Accreditation Standards.
2. The Vice President, ASO, or designee of ASO, will acknowledge receipt of the application in writing, and will review the application for basic accreditation standard requirements. If the Vice President, ASO, or designee determines the program fails to meet the accreditation standard criteria in some fundamental way, he/she will notify the signatories of the application accordingly and advise against scheduling a site survey until the fundamental deficiencies have been corrected. The applicant is not bound, however, to accept the Vice President’s advice to delay the site survey.
3. To apply for candidate status, at least one student must be enrolled in the program.
4. From the time a program has submitted an application, the program will be in a candidate status.

B. Site Survey

1. A site survey will not be performed until at least one student has completed all program requirements. The survey team should consist of at least two individuals, one of whom shall be ASHP's Vice President, ASO, or his/her designee. The second surveyor may be a member of the PTAC or an individual designated by the Vice President, ASO. Occasionally, a state's laws are changed to require all of its technician programs to be accredited, usually within a short period of time. In an effort to accommodate programs in meeting the relevant state's requirement, a program's initial site survey may be completed prior to the first graduate completing the program. However, the survey should be scheduled as close to the first graduate finishing of the program as possible.
2. Upon the selection of the survey team, surveyors and programs must disclose potential conflict(s) of interest to ASHP's Vice President, ASO, who will take appropriate action to manage any conflicts.
3. ASHP/ACPE will send the survey team to review the technician program at a mutually acceptable time. Instructions for the site survey (e.g., list of documents to be made available to the survey team and suggested itinerary for the surveyors) will be sent to the technician program director well in advance of the site survey. The site survey is typically conducted in 1 to 2 working days. Programs that cancel an already scheduled survey may be billed for the survey.
4. It is the expectation that the following be available, onsite or virtually, during the survey: Program student(s), program graduate(s), Advisory Committee members (e.g., pharmacists and pharmacy technician stakeholders not employed by the organization), a representative from program administration, program faculty, and the program director. In rare and extenuating instances, if members are not available, they may attend virtually.
5. When a program expands into other states, applicable state laws must be followed. A team may do visits at some of the sites within the organization to ensure the accredited program meets standards at each site offering the program.
6. All records (e.g., copies of the evaluations, learning materials, student files, tests) for students enrolled in a program undergoing a site survey must be maintained and available to the survey team for review. Review may include simulation activities/tools, how Advisory Committee members are chosen and where they meet, and how the community needs for a pharmacy technician program are evaluated and implemented.
7. After concluding its site survey, the survey team will present a verbal report of its findings to the pharmacy technician program director, the senior administrator or manager to whom the technician program director reports, the organization's president, and anyone else selected by the technician program director.

C. The Survey Report and Follow-Up

1. Following the site survey, the survey team will prepare a written report, citing areas of non-compliance, partial compliance, and consultative recommendations. The

report will be sent to the pharmacy technician program director, the senior administrator, or manager to whom the technician training program director reports, and the organization's chief executive officer. This report will be sent to the site electronically 30 days from the site survey.

2. The pharmacy technician program director must respond to ASHP/ACPE with an action plan outlining how the program will address areas of noncompliance and partial compliance. This response must be submitted within 75 days of the last day of the program survey. This action plan shall be signed by the pharmacy technician program director, the senior administrator or manager to whom the technician program director reports, and the organization's highest ranking administrator. Failure to submit a response to the survey report may result in accreditation being withheld or the application for accreditation shall be withdrawn.
3. Any comments individuals from the program wish to make regarding the accuracy of the survey report must be submitted to the Vice President, ASO, within 45 days of receiving the report. Comments regarding the report must set forth the specific reasons for the disagreement with the survey report.
4. The program's accreditation application file, the survey report and comments received from the program in response to the survey report will be reviewed by the PTAC.
5. Notice of action taken regarding accreditation status will be sent to the pharmacy technician program director and the chief executive officer or president after the Boards have reviewed the PTAC's voted actions and determined whether to grant accreditation to the program. The report will indicate that Boards acted either: (1) to accredit the program for a period not to exceed 8 years (programs may be granted a shorter period for accreditation), or (2) to withhold accreditation. Additional reports to monitor compliance with the accreditation standard may be requested.
6. A decision on accreditation status may be deferred if insufficient information is provided in the program's response to the survey report.

D. Accreditation

1. Occasionally a state's laws are changed to require all of its technician programs to be accredited, usually within a short period of time. In an effort to accommodate programs in meeting the relevant state's requirement, a program's initial site survey maybe completed prior to the first graduate completing the program. However the survey should be scheduled as close to the graduate's finishing of the program as is possible. To be eligible for accreditation, a program must have at least one student who has completed all the program requirements by the time the program is reviewed by the PTAC.
2. If accreditation is granted, it shall be retroactive to the date on which ASHP's Vice President, ASO, received a completed accreditation application.
3. Failure of the program to submit reports and/or submit appropriate annual fees as requested may result in accreditation being withheld. Failure to submit reports requested by the PTAC and/or failure to notify ASHP/ACPE of substantive changes to the program may result in a negative impact on accreditation, including but not

limited to, on-site survey, 6-month conditional accreditation, or withdrawal of accreditation. An accreditation certificate will be issued to a program that has become accredited. The certificate cannot be used after accreditation has been withdrawn or discontinued.

4. Once the program is accredited, any reference by the program to accreditation by ASHP/ACPE in technician program promotional materials (e.g., catalogs, bulletins, web sites, or other form of publicity) may include the ASHP/ACPE-accredited logo (available on the ASHP and ACPE websites) in conjunction with the following statement: “The pharmacy technician program conducted by (name of the organization, city, state) is accredited by the American Society of Health-System Pharmacists and the Accreditation Council for Pharmacy Education”. In cases of proprietary schools with multiple campus locations, the location of the school, not the corporate office, should be listed on the certificate. If the program is employer-based, the headquarters may be listed with the store number, city, and state of the training location.
5. Formal program documents, including the certificate issued to graduates, must make reference to the fact that the program is accredited by ASHP and ACPE. The program’s accreditation status (accredited, candidate, or conditional status) must be stated as specified in the program’s certificate of accreditation. The use of the ASHP/ACPE-accredited logo on certificates is encouraged.

VI. CONTINUING ACCREDITATION

- A. ASHP and ACPE regard evaluation of accredited pharmacy technician programs as a continuous process; accordingly, the PTAC shall request that directors of accredited programs submit periodic status reports to assist the PTAC in evaluating the continued conformance of individual programs to the accreditation standard. Reports shall be required from program directors annually, detailed below as “The Annual Program Assessment Report”. To maintain accreditation, programs must comply with all requests for reports from ASHP, ACPE, or PTAC.

The Annual Program Assessment Report is a required part of the accreditation process. A complete response is required from all programs. The questions are designed to identify substantive program, organization, or staff changes that may signal the program is in non-compliance with the accreditation standards, needs assistance, or requires further review. Completion of the annual program assessment report provides ASHP/ACPE with important information on the status of programs in relation to their performance and quality. Additionally, some information collected is aggregated to identify trends and shared with the pharmacy community and external agencies/partners.

- B. Organizations must notify ASHP’s Vice President, ASO, of changes to leadership in the pharmacy technician program (i.e., changes in pharmacy technician program director or administrator, name of organization, and change in accreditation status with another organization), content and construct of the program, expansion into other states and/or organizational ownership and institutional accreditation within 30 days of the change. Any substantial change in the organization of a program or lack of timely notification may be considered justification for re-evaluation of the program and/or a site survey.
- C. The PTAC will evaluate the credentials of each new pharmacy technician program director

using the requirements outlined in the accreditation standard, and ASHP/ACPE will notify the program regarding the results of the evaluation.

- D. When requested, the pharmacy technician program director must provide ASHP's Vice President, ASO, the number of graduates who have completed the program's requirements that year.

VII. REACCREDITATION

- A. Ordinarily, accredited programs will be re-examined by site survey within 8 years to determine continued accreditation status or a change in accreditation status (e.g., conditional, withdrawn). Additional site surveys may be required for cause as determined by the Boards after reviewing the PTAC's recommendations. Failure of the program to complete the reaccreditation process may result in a change of accreditation status.
- B. At least one current student, graduate, the advisory committee, program instructors, a representative from program administration should be available on-site for the site survey. The program director must be available. Although discouraged, if approved by the survey team, members may attend virtually during the reaccreditation survey.
- C. All records (e.g., copies of evaluations, student files, teaching materials) for students educated and trained by an -accredited program must be maintained for three years and available to the survey team for review.
- D. The duration of time the accreditation may be granted to a program is 8 years (full-cycle) or a fraction thereof. The PTAC, on behalf of ASHP and ACPE, may request reports at any time between the 8-year site survey intervals. Failure to submit reports requested by the PTAC and/or failure to notify ASHP/ACPE of substantive changes to the program may result in a negative impact on accreditation, including but not limited to, on-site survey, 6-month conditional accreditation, or withdrawal of accreditation. Additional information requested will be at the discretion of ASHP, ACPE, or the PTAC.
- E. Programs must complete and submit an Annual Program Assessment Report (sent electronically via Accreditation Services) to include identification of substantial program changes that may impact quality of accredited programs.
- F. In the event that the accreditation standard is revised, all accredited programs will be expected to be compliant within one year of approval or as determined by the Boards.

VIII. QUALITY IMPROVEMENT

Following a site survey, ASHP's Vice President, ASO, will send the program director a thank-you letter and a site survey evaluation form. This is an opportunity for the program director and administrator to provide feedback on the survey process and information for quality improvement. Programs may submit constructive verbal or written comments to ASHP or ACPE at any time.

IX. ACCREDITATION FEES

- A. An application fee shall be established by the Boards and shall be assessed to the program at

the time of the initial accreditation application.

- B. An annual accreditation fee, established by the Boards, shall be assessed for accredited and candidate status pharmacy technician programs. The annual fee is based on a calendar year. This fee begins as soon as a program has filed an application for accreditation (it will be prorated for the first year, based on the number of months remaining in the year, from point of application).

X. WITHDRAWAL OF ACCREDITATION

- A. Accreditation of a program may be withdrawn by the Boards for any of the reasons stated below:
 - 1. Program no longer meets the requirements of the accreditation standard(s) and/or not adhering to the Regulations.
 - 2. Program has not had students enrolled for a period of 3 consecutive years.
 - 3. Program makes false or misleading statements about the status, condition, or category of its accreditation.
 - 4. Program fails to submit periodic written status reports as requested and updates to the Academic and Professional Form and required annual program assessment report (required status change of program director and/or personnel).
 - 5. Program fails to submit appropriate annual accreditation fees as invoiced.
 - 6. To maintain accreditation, programs must comply with all requests from ASHP/ACPE for reports (e.g., statistical information about program graduates).
 - 7. Refusing a program accreditation or reaccreditation survey conducted by ASHP/ACPE, is an example of not complying with the Regulations.
- B. The Boards shall not withdraw accreditation without first notifying the pharmacy technician program director of the specific reasons. The program shall be granted an appropriate period of time to correct the deficiencies.
- C. If deficiencies are not corrected to the satisfaction of the Boards within the appropriate period of time, accreditation may be withdrawn.
- D. The program shall have the right to appeal the decision of the Boards pursuant to Article XI.
- E. If accreditation is withdrawn, the program may submit a new application for accreditation and must undergo re-evaluation.
- F. Programs may voluntarily withdraw from the accreditation process and/or forfeit accreditation at any time by notifying the Vice President, ASO, in writing. When notified, the Vice President, ASO, will report these programs to the PTAC and the Boards.

XI. APPEAL OF DECISION

- A. **Notification of intent to appeal:** In the event that a program is not accredited or reaccredited, or if accreditation is withdrawn, the pharmacy technician program director, the senior administrator or manager to whom the technician program director reports, or the organization's chief executive officer (hereafter referred to as the appellants) may appeal the decision to an appeal board, as described in paragraph B of this Article XI, on the grounds that the accreditation decision was arbitrary, prejudiced, biased, capricious, or based on incorrect application of the standard to the program. An appellant must notify the Vice

President, ASO, of the program's intent to appeal, by registered or certified mail, within 10 business days after receipt of the notice that the program's accreditation has been denied or that its accreditation status has been changed. The appellant must state clearly the grounds upon which the appeal is being made. The appellant shall then have an additional 30 days after submission of its appeal to prepare for its presentation to the appeal board. The accreditation status of the program existing prior to the entry of the adverse accreditation action shall continue, pending the disposition of the appeal. **Appeal board:** On receipt of an appeal notice, the Vice President, ASO, shall contact the ASHP and ACPE General Counsels. The ASHP and ACPE General Counsel Offices will proceed to convene an *ad hoc* appeal board composed of nine members. The appeal board shall consist of one member of ASHP's Board of Directors and one member of ACPE's Board of Directors, to be appointed by the Presidents of ASHP and ACPE, respectively, one of whom shall serve as Chair, and three program directors of accredited pharmacy technician programs, neither of whom is a member of the PTAC, one to be recommended by the appellant and one by the Chair of the PTAC. The Presidents of ASHP and ACPE will appoint a school or health care administrator in an *ex officio*, nonvoting capacity. The General Counsels of ASHP or ACPE shall serve jointly as Secretaries of the appeal board. The Vice President, ASO, shall represent the PTAC at the hearing in an *ex officio*, non-voting capacity. As soon as recommendations for appointments to the appeal board have been made, ASHP's or ACPE's General Counsel will contact all parties to confirm their appointment and a hearing date. The ASHP or ACPE General Counsel will immediately forward copies of all of the written documentation considered by the PTAC in rendering its recommendation to the Boards. ASHP or ACPE General Counsel will send the documentation to the appeal board members. The written statements and presentations must be relevant to the conditions existing at the program during the dates on which the site visit was made and on which the adverse action was taken. New evidence that was not considered by PTAC and the ACPE/ASHP Boards at the time of its decision, including improvement in conditions and corrections of deficiencies made subsequent to the adverse action shall not be considered.

- B. Potential conflict of interest:** All members of the appeal board will complete an ASHP/ACPE "Disclosure Report" form regarding professional and business interests prior to formal appointment to the appeal board. The appeal board Chair will take appropriate action to manage potential conflicts.
- C. The hearing:** The appeal board shall be convened at ASHP Headquarters or virtually in no less than 30 days and no more than 60 days from the date of receipt of an appeal notice by the Vice President, ASO. ASHP or ACPE General Counsel shall notify appellants and appeal board members, at least 30 days in advance, of the date, time, and place of the hearing. The appellant may be represented at the hearing by one or more representatives and shall be given the opportunity at such hearing to present written and/or oral evidence and arguments intended to refute or overcome the findings and decision of the Boards. The appeal board shall advise the appellant organization of the appeal board's decision, by registered or certified mail, within 10 business days of the date of the hearing. The decision of the appeal board shall be final and binding on both the appellant and ASHP/ACPE.
- D. Appeal board expenses:** The appellant shall be responsible for all expenses incurred by its own representatives at the appeal board hearing and shall pay all reasonable travel, living, and incidental expenses incurred by its appointee to the appeal board. All reasonable expenses incurred by the Appeals Panel, including, but not limited to, travel expenses (e.g., transportation, accommodations, and meals), shall be paid by the institution that initiated the appeal.

Approved by the ASHP and ACPE Boards of Directors in January 23, 2025 and February 8, 2025, respectively. Approved by the Pharmacy Technician Advisory PTAC October 24, 2024. Supersedes the previous regulations on accreditation approved in June 2017.

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