

Pharmacy Technician Application For Spring 2018

Program Description

Pharmacy Technicians work in a fast-paced health environment under the direction of a pharmacist. IHP's Pharmacy Technician Program combines online learning with onsite lab practicums at the CLIMB Center. This course prepares students to take the Pharmacy Technician Certification Board's PTCB exam. Visit www.ptcb.org for more info.

Course content includes:

- Medical terminology specific to pharmacy
- Reading and interpreting prescriptions
- Defining drugs by generic and brand names.

Students will learn about dosage calculations and conversions, dispensing prescriptions, and inventory control.

Time:

2 terms, 160 hours, about 6 months to complete.

Tuition:

\$3,140.00, excluding books. Tuition is due at the time of registration, or students may set up a 3 month payment plan with the Portland Community College Business Office. For information about the payment plan, please visit the PCC Payment Plan webpage.

NOTE: To work in the State of Oregon, you must apply to be approved as a Pharmacy Technician. Please be advised that certain convictions may prevent license issuance. Please contact the Oregon Board of Pharmacy if you have any questions in regards to their application and background check prior to joining the program. The Oregon Board of Pharmacy can be reached at 503.731.4032 or on their website, www.pharmacy.state.or.us.

Dates to Remember

Attend a Pharmacy Technician Free Informational Session to learn more about the program, job placement and internship opportunities.

Next Informational Session: 6pm on Monday, Feb.12th, 2018 at the CLIMB Center for Advancement.

Application Due:

March 2nd, 2018

Send Application Materials

Mail or deliver required documents and this application form to:

Attn: Pharmacy Technician
PCC Institute for Health Professionals
1626 SE Water Avenue, Room 114
Portland, OR 97214

Late or incomplete applications will not be accepted.

Pharmacy Technician Application Packet Checklist

Check Off Documents

We require the following documentation to be submitted for consideration into the program.

Do not submit original documents.

- Math 95 or above. Transcript or Math placement test is accepted.
- Writing 115 or above. Transcript or writing placement test is accepted.
- COPY of High school completion or GED certificate. A College or University degree can substitute.
- Answer and submit the following:
 - Cover letter explaining your interest, education, past experiences, and strengths as they apply to the Pharmacy Technician course.
 - What does a Pharmacy Technician do and why do you want to be a Pharmacy Technician?
 - Imagine you have a patient who is very upset when you inform them that their insurance doesn't cover their medication. How would you handle the situation?

Please Keep in Mind

- Make sure you have included all requested materials before submitting your application. Incomplete or late applications will not be accepted.
- Submitting a registration form **does not** signify or guarantee that you will be registered or accepted into the Pharmacy Technician program.
- You must be age 18 when class begins.
- Student will be asked to provide the Oregon Pharmacy Technician Initial License **prior** to the first day of class. Instructions to order the Oregon Pharmacy Initial license will be sent to students once they pass the initial application screening.

Note to Admissions:

Registration Form for Non-Credit and CEU classesPlease use black ink to complete form.
Courses listed at: www.pcc.edu/nc

Part A: Student Information

Today's Date: _____**Student Status:** New PCC Student Currently Enrolled at PCC Previously Attended PCC**Student ID Number:** G _____

Your enrollment with Portland Community College signifies your consent to, and acceptance of, all policies and procedures governing your enrollment, including financial liability. If you fail to remit payment when due, you promise to pay to PCC all reasonable costs for collections, including collection agency fees.

Name: _____
Last First MI**Other Names Used:** _____**Mailing Address:** _____
_____**Telephone Number:** _____
City State ZipDay Evening**Birth Date:** _____ **Gender:** _____**High School/GED:** _____
Name of School/Institution City State Year Graduated/Obtained**Email Address:** _____**Have you ever been convicted of a misdemeanor or felony? If yes, please explain.** Yes No

PCC is committed to affirmative action goals and would appreciate your response to the following:

Do you consider yourself to be Hispanic/Latino? Yes No**Select one or more of the following racial categories to describe yourself:** American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White**Citizen Type:** U.S. Citizen Resident Alien/Refugee/Immigrant Other, Enter Visa Type _____**Are you a veteran of the US military?** Yes No

Part B: Course Requests (Please also complete Part A above.)

Course Title

Pharmacy Technician Course - CEU 941Q

NOTE: You must pass the CEU 941Q course before registering for Pharmacy Technician II - CEU 3362 next term.Part C: How to Pay (Your schedule & account balance are available at <http://my.pcc.edu>.)*Payment is due when your registration is processed.* You can pay your bill online or by phone. Once registered, log into your MyPCC account and visit PCC-Pay to pay or view your bill. You can also pay by phone by calling 971-722-4234.

Submitting this registration form does not signify that you will be accepted/registered in the course.

*I have read and understand the above information.
I certify that all information is accurate to the best of my knowledge.*_____
Signature_____
Date