



NORTHEAST TEXAS
COMMUNITY COLLEGE

Pharmacy
Technician

Program Application
Packet

NORTHEAST TEXAS COMMUNITY COLLEGE

Continuing Education

Pharmacy Tech Program

APPLICATION

Program description: This certificate program consists of 288 contact hours of lecture, lab and internship training for students to become Community Pharmacy Technicians in a retail pharmacy environment. Instruction emphasizes the practical application of pharmacy mathematics, pharmaceutical terminology, drug packaging and labeling, dosage preparation, inventory systems and management, and customer service.

Upon successful completion of the Community Pharmacy Technician Program, students will receive a certificate of completion including competencies from each course within the curriculum.

Acceptance to the Pharmacy Tech Program at NTCC is based on the following criteria:

The Application Process:

- A. All prospective students for the Pharmacy Technician Program should contact the Continuing Education office at 903-434-8350 or 903-434-8134 to set an appointment for more information. Additional documents; financial aid directions, program document checklist are available through the Continuing Education Office. Once a determination of academic readiness by unofficial transcripts or assessment, the applicant then gathers and submits the following required documentation to the **NTCC Continuing Education Department** to begin the application for admission process:
 1. Completed application page (from the Pharmacy Technician Application Packet)
 2. Completed Student Statement of Understanding
 3. Proof of age (Driver's license, or copy of birth certificate)
 4. Proof of high school graduation, ged, or high school senior (current transcript) **or** unofficial college transcripts showing credit college course work completed within the United States.
 5. Those applicants who have never taken credit college-level course work within the United States will be referred for the appropriate academic assessment (TABE) on the Northeast Texas Community College Campus – located in the Academic Skills Center in the Humanities Building – office 103. .
 6. Completed Health Physical Evaluation (health exam) The Health Evaluation is to be completed by a licensed physician or nurse practitioner.
 7. Must have basic computer skills
 8. Background check from www.castlebranch.com upon acceptance to the program. Failure to provide a background check before clinical will result in student not being allowed to participate in the clinical externship.

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III. The externship process:

- A. Students must have submitted all required documentation prior to register externship registration. Required documents include: completed health form, TB test results, criminal background check and drug screen results, immunizations prior to registering for the clinical experience. Some clinical sites also require current BLS (CPR for Health Professionals) certification. Students may be required to attend an externship orientation session, prior to clinical.

Requirements for completion: To qualify for a Community Pharmacy Technician Certificate, students must successfully complete **288** contact hours of required coursework and internship training listed below.

Required Courses:

Medical Terminology (MDCA1013)	32
Introduction to Pharmacy (PHRA 1001)	64
Pharmaceutical Mathematics (PHRA 1209)	48
Drug Classification (PHRA 1005)	64
Clinical: Pharmacy Technician (PHRA 1061)	80
Tuition/fees	288
	\$1,485

Financial Aid

Qualifying students may be eligible for financial aid. The **Texas Public Education Grant (TPEG)** is available to **assist** non-credit students with tuition expenses only. TPEG application directions can be obtained by submitting proof of eligibility from the NTCC financial aid office. Students are encouraged to apply at least one month prior to registration.

Following submission of the TPEG application, students should follow up with the advisors in the Northeast Texas Community College Financial Aid Department for specific details related to the approval and disbursement of awards. Students may also check with Continuing Education staff members to verify the posting of TPEG awards.

Students that do not qualify for financial aid can set up a payment plan with Northeast Texas Community College. Additional limited assistance may be available. Contact the Continuing Education Department for more information on the student payment plan, at 903-434-8134.

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Admissions Application Form

Attach the following documents:

1. Student Statement of Understanding
2. Proof of age (copy of driver's license)
3. Copy of high school diploma or GED or letter from high school principal verifying senior class status
4. College level assessment scores or unofficial college transcript (If college assessment scores are not available, the TABE test may be substituted).

1. Name: _____
 Last First Middle

2. Home Address: _____
 Street City State Zip

3. Student ID #:4. _____ Date of Birth: _____

5. Phone Number(s):
(Home) _____ (Cell) _____ (Work) _____

6. Email address: _____

7. Educational History: _____ Completion Date: _____
High School: _____
College: _____

8. Please explain your interest in the pharmacy technician career:

9. _____
 Applicant Signature Date

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STATEMENT OF UNDERSTANDING

I understand that if I miss more than 10% of a class, I may not be able to make it up and will have to retake the class. I also understand that if I am tardy to class, points may be taken off my final grade and/or it may be added to the 10% of hours missed in class. The syllabus will explain the method the instructor will use to determine the grade. He/She will determine if the absence can be excused.

I understand that prior to the institutional pharmacy externship that I will be required to:

- 1) provide proof of immunizations or serologic proof of immunity to Measles, Mumps, Rubella, Varicella (Chickenpox), Hepatitis B, and Tetanus/Diphtheria/Pertussis, and Bacterial Meningitis (required for adults aged 29 and under) at my own expense;
- 2) Be tested for TB annually as well as have an annual Flu vaccine;
- 3) Have a current CPR for Health Providers card, issued through American Heart Association ONLY.
- 4) Complete a criminal background check through www.certifiedbackground.com at my own expense, submit to a random drug screen and have acceptable results. Failure of drug screen or refusal to be screened can and will result in dismissal from the program.
- 5) Register with the Texas State Board of Pharmacy as a Pharmacy Technician Trainee.

I certify that I have read each of the above statements and understand their meanings. I also have been given the opportunity to ask questions regarding these statements.

Applicant's Signature

Date

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HEALTH EVALUATION

I understand it is my responsibility to update my health status changes (within 30 days of the occurrence of symptoms, disease, accident or infirmity) and that I may be required to submit medical clearance to return to the program.

Applicant's Printed Name

Applicant's Signature

Date

To do the job of a Pharmacy Technician, abilities required include vision to read documents, dexterity to perform sterile and non-sterile pharmaceutical compounding, handle or lift equipment, hearing to respond to telephone calls, ability to walk/stand for extended periods of time, lift up to 30 pounds when gathering supplies and equipment for distribution in medication storage areas, and conduct administrative tasks.

I certify that the student (applicant) listed above is physically capable of performing the job of a Pharmacy Technician.

Physician's Printed Name

Physician's Signature

Date

Physicians Stamped Address:
(Or attached business
card)

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Immunization Records

Students must attach records of immunizations or results of serologic tests to confirm immunity.

Varicella

Vaccination

Date: Vaccine 1 _____
(2 lifetime) Vaccine 2 _____

Influenza

Vaccine 1 _____
(annual)

Tetanus /

Diphtheria

Booster: _____
(every 10 years)

MMR

Vaccination

Vaccine 1 _____
Date: Vaccine 2 _____
(2 lifetime)

Meningitis

Vaccine 1

(if under the age of 22)

Hepatitis B

Vaccination

Date: Vaccine 1 _____
Vaccine 2 _____
Va _____

Tuberculosis Screening Date: _____ (attach results)

* Students who DO NOT have the above records MUST PROVIDE proof of a positive titer OR they are REQUIRED to take immunizations gain.