Texarkana College
Community & Business Education Center - Allied Health Program
Pharmacy Technician Comprehensive Program w/ a Clinical Externship

Fall 2019

This comprehensive 185-hour program will prepare students to work as a pharmacy technician in retail or other pharmacy setting and to take the Pharmacy Technician Certification Board’s PTCB exam. Course content includes: pharmacy medical terminology, the history of pharmacy, the pharmacy practice in multiple environments, pharmacy calculations and measurements, reading and interpreting prescriptions and defining drugs by generic and brand names. Through classroom lecture and hands on labs, students will review dosage calculations, drug classifications, the “top 200 drugs”, I.V. flow rates, sterile compounding, dose conversions, aseptic technique, the handling of sterile products, total parenteral nutrition (TPN), dispensing of prescriptions, inventory control and billing and reimbursement.

In addition to classroom lecture and labs, this program includes a clinical externship through a local pharmacy. To be eligible for a clinical externship, students must successfully complete the 105-hour program, submit to a thorough background check, drug screening and meet other course requirements.

Note: Upon successful completion of this program, students would be eligible to sit for the National Healthcareer Association (NHA) Certified Pharmacy Technician (ExCPT) examination. The exam is scheduled two weeks after course is completed at TC, the fee is $117 and not due until end of the course.

This course also prepares student to successfully complete the Pharmacy Tech Certification exam that is scheduled at the students discretion at a separate location. The estimated cost is $102.00

Dates & Times: Monday & Wednesday; Dec. 2 – April 1 | 6:00 p.m. - 9:30 p.m. | 105 hrs. | 16 wks. + 80 hrs. Externship

Student Tuition: $1,785 (includes textbooks, skills kit, certification exam study guide, online practices exams, & externship)

Location: Health Sciences Building, Rm 149

Refund Policy: Students will receive a 100% refund upon request, 24 hours prior to the first class meeting only.

Criminal Background Requirement: For students who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please check with the Pharmacy Technician Certification Board by accessing of their website at https://ptcb.zendesk.com and submit a request on your topic of study to determine if you are qualified to obtain a certificate in that field. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Human Resources Director, 2500 N. Robison Rd., Texarkana, TX, 75501, (903) 823-3355, human.resources@texarkanacollege.edu

Texarkana College no discrimina en base de raza, color, origen nacional, sexo, discapacidad o edad en sus programas o actividades. Las consultas relacionadas con las políticas de no discriminación de Texarkana College deben dirigirse a: Director(a) de Recursos Humanos, 2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3017, human.resources@texarkanacollege.edu
Attention Registrants:
The following items are required to be submitted by the end of the course so that students may participate in the extern portion of the class. The following prices are reflective of a discount for Texarkana College students at Healthcare Express only.

1. _____ Responsible for purchasing liability insurance through Texarkana College Business Office and will not be complete until student submits receipt to AH Coordinator - $20
2. 
3. _____ **High school diploma or GED** equivalent. Must be 18 years of age to register.
4. _____ **Physical exam** must be completed Texarkana College Health Occupations form in this packet. $25
5. _____ **Immunizations:** Applicants must have **proof of completing** the following vaccinations prior to starting the program and documented on attached Immunization Record form.
   a. _____ Hepatitis B vaccination series of three shots or titer indicating immunity.
   b. _____ Measles, Mumps, & Rubella (MMR) or titers indicating immunity.
   c. _____ Varicella vaccination, chicken pox history or titer indicating immunity.
   d. _____ Tetanus-diphtheria - pertussis within the last 10 years.
6. _____ **Negative TB skin test** or negative chest x-ray within six months prior to starting the program. $16
7. _____ **Current drug screen** – DO NOT COMPLETE until course has ended. $45
8. _____ **Training Tech License** application process - $55
   a. Go to the Texas State Board of Pharmacy website at [www.pharmacy.texas.gov/techtrainee.asap](http://www.pharmacy.texas.gov/techtrainee.asap) to apply for the Training Tech License. This can take up to six weeks. Please begin process as soon as possible. Students must obtain license in order to register for the PTCB certification exam.
      1) The above applies to Texas resident’s only.
      2) Arkansas resident must apply through the Arkansas State Board of Pharmacy and can obtain application from the Allied Health Coordinator.
   b. Go to the Texas State Board of Pharmacy website at [www.pharmacy.texas.gov/](http://www.pharmacy.texas.gov/) to apply for the Training Tech License. This can take up to six weeks. Please begin process as soon as possible. Students must obtain license in order to register for the PTCB certification exam.
      1) Click on "Apply for license" under the Technicians heading.
      2) Click on "Initial Trainee Application"
      3) Follow the steps listed on this page to submit application.
      4) Once you complete the application process, you will receive an email notifying you that your application was received.
9. _____ **Fingerprinting:** (Texas Residents only) - $40
   a. Applicants must complete a fingerprint session.
      1) Applicants located in Texas, schedule a fingerprint session online at [https://www.identogo.com](https://www.identogo.com)
      2) Following the fingerprint session, keep the receipt for your records. Do not mail it to Texas State Board of Pharmacy.
         a) Applicants *using an address* not located in Texas, will receive a packet in the mail with a fingerprint form and instruction sheet because the approved state vendor does not always allow a digital scan.
         b) The fingerprint packet is automatically mailed to the address provided on the application.
         c) Allow 2 to 3 weeks for the packet to arrive via U.S. Postal Service.
10. _____ **Clinical Externship Medical/Documentation Authorization Release Form**
11. _____ **Resume**
12. Students who elect to participate in an externship will be required to purchase blue scrubs. They can be purchased anywhere as long as they are Texarkana College royal blue. They are available at TC Book Store and are approximately $45 for both bottom and top.

13. Students participating in externship will also be required to go by Enrollment Services in the Administration Building to have an ID badge made identifying them as a Texarkana College Phlebotomy Tech student.
   a. an authorization for ID form must be obtained from the AH Coordinator to submit to Enrollment Services for correct information to be entered.

14. Certification exam - The certification exam will be scheduled soon after the end of the course and date will be announced soon after course start date. The cost to take the exam is $117.
   a. Students will also be access to online practice exams and provided a Study Guide. The price of these items is included in the registration fee.

Please call Joanne Rose, Allied Health Coordinator, at 903-823-3384 if you have any questions about submitting or completing the required documentation listed above.
Pharmacy Technician Certification Program

Pharmacy Technicians
Pharmacy Technicians work in pharmacies under the direction of a pharmacist. Their main responsibility is filling prescriptions according to doctors' orders. Pharmacy Technicians prepare medications for dispensing to patients. This generally includes retrieving drugs in the correct dosage form and strength, measuring the appropriate amount of drug and producing a prescription label. Pharmacy Technicians work with drugs to be administered orally, topically, for the eye, nose, etc. Depending upon the practice setting, a Pharmacy Technician is also involved in the admixture of drugs for intravenous use. Other duties include:

- checking inventories and ordering supplies
- receiving and checking in supplies
- assisting customers
- keeping pharmacy work areas clean
- complete insurance forms
- preparation of “bingo cards” for nursing home patients

Pharmacy Technicians – Employment & Education
Pharmacy Technicians may work in retail pharmacies, mail order pharmacies, home infusion pharmacies, long term care facilities, hospitals, clinics, pharmacy benefit managers and large industrial complexes. The demand for Pharmacy Technicians continues to grow with demand expected to increase substantially through 2014. This high demand is the result of the constant availability of new drugs, the national shortage of registered pharmacists, the establishment of certified pharmacy technicians and the aging population.

Educational Requirements
Students should have taken math and science in high school. A high school diploma or GED is required to sit for the PTCB exam.

Pharmacy Technician Certification Program
This comprehensive 80 hour course will prepare students to enter the pharmacy field and to take the Pharmacy Technician Certification Board’s PTCB exam.

Technicians work in hospitals, home infusion pharmacies, community pharmacies and other health care settings - working under the supervision of a registered pharmacist. Course content includes medical terminology specific to the pharmacy, reading and interpreting prescriptions and defining drugs by generic and brand names. Students will learn dosage calculations, I.V. flow rates, drug compounding, dose conversions, dispensing of prescriptions, inventory control and billing and reimbursement. The Pharmacy Technician Certification Program includes a graded final exam to help prepare students for the PTCB exam.

PTCB Detailed Course Information:
- role of the pharmacy technician
- pharmacy history/discussion of various practice settings and the technician certification process
- recruiting by pharmacy specialty
- “Evolution of Pharmacy”
- review of hospital pharmacy setting, retail practice, regulatory agencies involved with a pharmacy practice, long term care practice setting, mail order pharmacy, home care pharmacy practice
- pharmacy measures, roman numerals, abbreviations
- review of generic drugs, basic biopharmaceuticals, dosage forms, patient profiles
- prescription label requirements, order transcription, ordering and inventory control, drug pricing, third party reimbursement
- formularies, unit dose systems, emergency and crash carts, house supplies, automatic stop orders, calculating number of doses required
- all major classes of drugs including top brand names and generic drugs
- aseptic technique, handling of sterile products including antineoplastic agent considerations
- basics of IV solutions, calculating 24 hour supply of IV solutions, percentages and electrolytes preparations
- the metric system
- apothecaries’ and avoirdupois systems of measurement
- children’s doses
- allegation method, math review
- Total Parenteral Nutrition (TPN), demonstration of TPN admixture, hands-on practice of IV admixture and parenteral medication preparation.
HEALTH OCCUPATIONS PHYSICAL EXAMINATION

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<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>(Maiden)</th>
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<th>Name &amp; Address of Nearest Relative</th>
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Medical History: (To be completed by student)
1. Serious illness - give diagnosis & date

2. Operations - give diagnosis & date

3. Do you have any allergies? If so, what?

4. Do you have any physical disorders at present?

5. Do you have any emotional disorders at present?

6. What prescribed & unprescribed medications are you taking?

7. Have you had any severe injuries? If so, what?

8. Check any of the following conditions you have had:
   - Hay Fever
   - Asthma
   - Rheumatic Fever
   - Heart Murmur
   - Poliomyelitis
   - Infectious Mononucleosis
   - Hepatitis
   - Fainting Spells
   - Diabetes
   - Epilepsy

   Tuberculosis
   - Arthritis
   - Kidney Disease
   - Emotional Disorder
   - Chemical Dependency

9. Name & address of personal physician

PHYSICAL EXAMINATION (To be completed by your family physician or certified Nurse Practitioner)

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<tr>
<th>Weight</th>
<th>Height</th>
<th>Skin Abnormalities</th>
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<tr>
<th>Eyes @ (L)</th>
<th>Corrected to @ (L)</th>
<th>Ears @ (L)</th>
<th>Nose</th>
<th>Neck</th>
<th>Lungs</th>
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<td>Nodes</td>
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<td>Abdomen</td>
<td>Hernia</td>
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<th>Blood Pressure</th>
<th>Defects Found</th>
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Corrections Recommended

Any Reason for Limitation of Physical Activity?

Any Reason for Limitation of Health Care Activity?

Signed

Print name and title

Date

Return original to:
CONTINUING EDUCATION
TEXARKANA COLLEGE
2500 NORTH ROBISON ROAD
TEXARKANA, TEXAS 75599

1/2014
(Over)
(Record Dates)

TDaP or Booster (within 10 years)

TB Skin Test ___________________________ Reading ___________________________
(If the tuberculin skin test is positive, either a chest x-ray or documentation of follow-up is required.)

Chest x-ray ___________________________ Reading ___________________________

*Rubella ___________________________

*Hepatitis B vaccine (series of 3 or confirmation of immunity to Hepatitis B)

__________________________

Dates

Varicella: ___________________________

The following are required for all born since January 1, 1957:

*Measles (2 doses after age 12 months)

__________________________ and ___________________________

*Mumps ___________________________

________________________________________

Printed name and title

_____________________________________

Signature

*or physician’s verification of immunity (attached)
Pharmacy Technician Course Student Acknowledgement Statement:

I ____________________________ acknowledge understanding that I will not receive a refund for

Student Name
Pharmacy Technician registration fee, if I chose to drop after the course start date and due to a denial of

my Texas State Board of Pharmacy Application to receive a Tech Training License.

_________________________________________  _______________
Student Signature                           Date
Clinical Externship Medical/Documentation Authorization Release Form

Please submit this form with clinical externship prerequisites:

________________________________________________________________________
First Name ___________________________ Middle Name ___________________________ Last Name ___________________________

Release Authorization (to be completed by applicant):

I, ___________________________ do hereby authorize Texarkana College Community & Business Education to release the following to potential clinical externship facilities as deemed necessary for clinical externship purposes (check all that apply):

☐ Criminal Background Check/Clearances/Fingerprint Card

☐ Drug Panel Screening

☐ PPD (TB) Test Results

☐ Immunization Record

☐ Physician Statement of Health

☐ CPR/First Aid/BCLS Certification

☐ Other (fill in): ________________________________

________________________________________________________________________
Applicant Signature: ___________________________ Date: ___________________________