

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

Spring 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.

All student registrations submitted online or in person will be "incomplete" until a copy of the student's high school diploma or GED equivalent from the United States of America and their social security number is submitted to the Allied Health Coordinator. If the student has an "out of country" diploma they must provide a translation report verifying it is equivalent to one issued in the USA.

Dates & Times: Monday & Wednesday; April 1 - July 15 | 6:00 p.m. - 9:30 p.m. | 105 hrs. | 16 wks. + 80 hrs. externship

Student Tuition: \$1,715 (includes textbooks, skills kit & 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

Texarkana College
Community & Business Education Center
Checklist for Pharmacy Technician Externship Requirements

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 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.
 - b. Go to the Texas State Board of Pharmacy website at 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) 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>
 - 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 at the books store. They are approximately \$45 for both bottom and top.

13. 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.
12. Students must obtain an ID badge to wear while schedule at externship location.
 - a. an authorization for ID form must be completed to have student ID badge made in Enrollment Services and can be obtained in the Community & Business Education Center also located in the Administration Building.

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.



**Texarkana College Continuing Education Division
Allied Health Program**

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

HEALTH OCCUPATIONS PHYSICAL EXAMINATION

Name _____
Last First Middle (Maiden)

Single _____
Married _____ Date of Birth _____ Male _____
Widowed _____ Female _____

Address _____
Street/P.O. Box City State Zip Code

Name & Address of Nearest Relative _____

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 _____ Infectious Mononucleosis _____ Tuberculosis _____
Asthma _____ Hepatitis _____ Arthritis _____
Rheumatic Fever _____ Fainting Spells _____ Kidney Disease _____
Heart Murmur _____ Diabetes _____ Emotional Disorder _____
Poliomyelitis _____ Epilepsy _____ Chemical Dependency _____
9. Name & address of personal physician _____

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

Weight _____ Height _____ Skin Abnormalities _____
Eyes ® _____ (L) _____ Corrected to ® _____ (L) _____ Ears ® _____ (L) _____
Throat _____ Nose _____ Neck _____ Lungs _____
Breasts ® _____ (L) _____ Heart _____ Nodes _____
Abdomen _____ Hernia _____ Pulse Rate _____
Blood Pressure _____ Defects Found? _____
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

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)

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 CCI Healthcare and Training to release the
Applicant Name (printed)

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: