

Pharmacy Technician Application Spring 2019

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.

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.

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.

Dates to Remember

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

Informational Session:

6pm on Tuesday, February 12th
at the PCC CLIMB Center

Applications Due:

Friday, March 1st, 2019

Send Application Materials

Mail or deliver required documents and this application form to:

Attn: Pharmacy Technician
PCC Institute for Health Professionals
1626 SE Water Ave
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?

Note to Admissions:

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.

Background Check

Students must pass a background check and drug screen in order to participate in the clinical portion of this course or apply for the board exam. Please contact the Oregon Board of Pharmacy if you have any questions regarding the background check requirement prior to applying.

Registration Form Non-Credit/CEU Classes

Phone: 971-722-8888, option 2 Online: pcc.edu/nc Fax: 971-722-4988 Mail: PO Box 19000, Portland OR 97280

Part A: Course Registration Requests

1	CRN (5-digit number)	Course Title
	CRN (5-digit number)	Course Title
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Part B: Student Information

2 PCC ID Number ("G Number")	Student Status ☐ New PCC Student ☐ Currently Enrolled at PCC ☐ Previously Attended PCC		3 Date of Birth (MM/DD/YYYY)	
4 Last Name			Other Names Used	
5 First Name			Middle Initial	6 Gender ☐ Male ☐ Female
7 Mailing Address		City	State	ZIP
8 Email Address				
9 Daytime Phone Number		10 Evening Phone Number		
High School/GED – Name of School/Institution		City	State	Year Graduated/Obtained

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 Type ____	
Are you an Oregon resident? ☐ Yes ☐ No	Are you a veteran of the U.S. Military? ☐ Yes ☐ No

Part C: Registration Confirmation

11 My enrollment with Portland Community College will signify my consent to and acceptance of all policies and procedures governing my enrollment, including financial liability. If I fail to remit payment when due, I will promise to pay to PCC all reasonable costs for collection, including collection agency fees.	
Signature	Date (MM/DD/YYYY)