

CONTINUING EDUCATION APPLICATION FOR ADMISSION

90-Hour Pharmacy Technician Program

Office Use Only: Statement Issued Paid, Receipt # _____

1 COMPLETE REGISTRANT INFORMATION BELOW

CCCUA has an open admission policy and does not discriminate against any individual on the basis of race, color, religion, national origin, age, sex, or disability. Some information is obtained for the sole purpose of state reporting and/or determining if the College is effectively reaching all segments of the population.

Have you taken courses at CCCUA before? Yes No SOCIAL SECURITY NUMBER _____ - _____ - _____

NAME _____
First Middle Last Maiden/Other Name Used

MAILING ADDRESS _____ HOME PHONE _____

_____ WORK PHONE _____
City State Zip

E-MAIL ADDRESS(ES) _____

GENDER: Male (1) Female (2)

ETHNIC: Asian or Pacific Islander (1)

Black [Non-Hispanic Origin] (2)

Hispanic (3)

American Indian or Alaskan Native (4)

BIRTHDATE ____/____/____

Non-Resident Alien (6)

White [Non-Hispanic Origin] (5)

Unknown (9)

COUNTY _____
Where you live now

EMERGENCY CONTACT _____

EMERGENCY PHONE _____

2 SELECT TRAINING LOCATION

Pharmacy Technician Program

Days: Tuesdays & Thursdays

Dates:

Times: 6:00 pm – 9:30 pm

Instructor: TBA

Course Code: CED 5014 01

Location: CCCUA Ashdown

Contact Hours: 50

Register by:

3 CHOOSE PAYMENT METHOD

Tuition Insurance Textbooks COURSE FEE \$ 1,199.00

CASH, CHECK, or MONEY ORDER. Please make checks and money orders payable to CCCUA.

SPONSORSHIP. A letter of authorization on the sponsoring organization's letterhead or a purchase order from the sponsoring organization must accompany this billing request. Please include the organization's name, address, and contact name.

CREDIT/DEBIT CARD VISA Master Card Discover

Card # _____ Expiration Date _____

Cardholder's Signature _____

Please refer to the Phlebotomy Training Program Guidelines for the Registration/Refund Policy.

4 ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION FOR ADMISSION

Please note that ALL documents listed below are required. Applications submitted without the required documentation can not be processed. You may refer to the Phlebotomy Training Program Guidelines for more detailed information on the below requirements.

COMPLETED PHARMACY TECHNICIAN PROGRAM GUIDELINES

CONGRATULATIONS! You are ready to submit your admission packet to the CCCUA office of Workforce Development and Continuing Education Services.



PHARMACY TECHNICIAN GUIDELINES

COSSATOT COMMUNITY COLLEGE
UNIVERSITY OF ARKANSAS

Pharmacy Technician Program

This comprehensive 50 hour program will prepare students to work as a pharmacy technician in a 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 parental nutrition (TPN), dispensing of prescriptions, inventory control and billing and reimbursement.

Course Cost:

The cost of the class is \$1,199.00, payable in full at time of registration. The cost of the course includes supplies and the textbook. Supplies are included in the cost of the class, but students are expected to bring notebook and pen to each class meeting.

Entrance Requirements

Cossatot Community College of the University of Arkansas seeks to meet the needs of the public by providing open enrollment into the Pharmacy Technician Program.

The following must be submitted to Continuing Education Services to complete the registration process...

- (1) Students interested in becoming a Pharmacy Technician should have a high school diploma or GED equivalent.
- (2) Completed Application packet.
-Completed *Application for Admission* form
-Signed, and dated *Pharmacy Technician Program Guidelines* document
- (3) Payment of tuition, letter of sponsorship OR company billing information (*A letter of billing authorization on company letterhead or company purchase order must accompany the completed Application Packet. Please include company name, billing address, contact name, and the name of the student(s) being sponsored.*)

Attendance Policy

This is a fast-paced intensive course and students are expected to be present for each class. Students are required to be **prompt** and **attend every** class. Students enrolled in the Pharmacy Technician Program must participate in the 50 hour training program in its entirety. Consequently, students that fail to attend a training session(s) will not receive a certificate of completion for the training course. It is imperative that you understand this requirement. If you have life or health conditions that might hinder attendance, you may wish to delay application until a strong commitment to attendance can be made.

If an emergency situation arises, students must call Continuing Education Services as early as possible prior to the start of class to make arrangements to make-up missed instruction, at the convenience of the instructor. Any student who misses class for any reason is not guaranteed that they will be able to make up the work or successfully complete the course. Students that are absent from (1) or more sessions, without scheduling and /or attending make-up sessions, may be subject to expulsion from the program.

If provision for supplemental training is requested and/or required in order to meet course requirements, the student shall be responsible for the costs incurred including payment of a classroom instructor hired by Continuing Education Services. In some cases, a supplemental instruction experience may be available only at a site distant from the student's home

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campus. Students are responsible for their own transportation and other associated costs should they accept these arrangements.

Dress Requirements/Student Conduct

Please understand you are expected to dress and groom yourself in accordance with accepted social and business standards. You are expected to adhere to the grooming guidelines in class:

- Heavy perfume or other potentially offensive odors are not acceptable.
- Please do not come to class smelling of cigarettes; breath should be fresh after coming in from break.
- Hair should be clean and pulled back if long.
- Professional business attire should be worn during the pinning ceremony.

Students of the Pharmacy Technician Program are preparing for professional careers; therefore each student is expected to dress appropriately. Failure to observe the dress code and/or failure to comply with other guidelines of the Pharmacy Technician Program will result in termination from the program.

Note: Students can find a copy of the school's student handbook/catalog at ccua.edu. It is the responsibility of the student to carefully read the publication and be aware of the rules, regulations, etc.

Requirements for Successful Completion

- (1) Attend required.
- (2) Complete all required quizzes and assignments.
- (3) Comply with Pharmacy Technician Program Guidelines.
- (4) Achieve a passing grade of 76% or greater.

Inclement Weather

In the event that the area weather is so severe the College feels that life and property may be in danger, classes may be in danger, classes may be cancelled until weather and road conditions improve. We strive to the announcements regarding closures out to students, faculty, and staff in timely fashion. Announcements regarding College closing will be made over the following radio stations; in De Queen KDQN 92.1, and in Nashville KMTB 99.5, and on the following television stations, KARK Channel 4 from Little Rock and TKBS Channel 3 from Shreveport.

Registration/Refund Policy

Register early to ensure enrollment. Payment of tuition and a completed registration form must be received by Continuing Education Services to enable processing of registration requests. CCCUA seeks to provide learning opportunities for a variety of age groups. However, unless stated otherwise, students under the age of 18 will need prior approval from Continuing Education Services to register.

Refund of tuition is fully refundable or transferable up to "register by" date. Our goal is to ensure the greatest opportunity for participation in courses; however, late registration cannot be guaranteed and is non-refundable.

A full refund of tuition will be issued automatically and registrants will be notified, if a class is cancelled by CCCUA due to insufficient enrollment or other unforeseeable reason. CCCUA reserves the right to reschedule, cancel, and appoint an alternate instructor for all classes.

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*Pharmacy Program
Signature Form*

I understand that upon successful completion of the course of study, I will be eligible to take a nationally recognized certifying examination.

I acknowledge that the information I have supplied in this application form is correct to the best of my knowledge and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this information is subject to verification.

I acknowledge and confirm completion of high school diploma or GED equivalent.

I have read the Pharmacy Training Program Guidelines and fully understand them. Program representatives have answered any questions that I have concerning the guidelines, and how they apply to me, to my satisfaction. It is my belief that I can satisfy each of the technical standards based on my existing skills and abilities, or through the use of corrective devices.

I, have read, understand, and _____ agree to the statements above.

(Print Name)

Applicant's Signature _____ Date _____

Return this signature sheet along with the Pharmacy Technician application form to:

Zebbie Minton
Continuing Education Coordinator
Cossatot Community College University of Arkansas
P.O. Box 960
De Queen, AR 71832

by the specified application deadline.

If you will have a sponsor for the program, please have your sponsor complete the following prior to submitting this document.

Name of Sponsoring Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature of Sponsor Representative: _____ Date: _____

Class size is limited and filled on a first-come-first-served basis. You must have ALL of the above returned to us before you will be placed on the class roster. If *any* materials are missing, we will mail a letter indicating what the missing document(s) is/are. Because we want to be fair to all potential students, we cannot hold spots under any circumstances.