

ASU-Beebe Pharmacy Technician Program Application Packet



Revised 1-2018

Dear Prospective Student:

Thank you for considering enrollment in the Pharmacy Technician Certificate Program at Arkansas State University-Beebe. We are delighted to hear of your interest in our program as preparation for a new career. Our technical certificate program is fully accredited by the American Society of Health System Pharmacists (ASHP) and Accreditation Council for Pharmacy Education (ACPE).

Objectives: The objectives of the program are to:

1. Train qualified, competent technicians to meet pharmacy employment needs through formal education.
2. Provide state-of-the-art training for individuals seeking to be Pharmacy Technicians.
3. Prepare candidates for the successful completion of a national certification exam such as Pharmacy Technician Certification Examination (PTCB) or Institute for Certification of Pharmacy Technicians (ICPT).

Admission:

Students must complete the following requirements for admission to ASU-Beebe:

1. Submit an ASU-Beebe application for enrollment. Priority will be given to applications received by the published deadline date. Applications received later may be considered for admission if space is still available with Instructor approval.
2. Submit an official complete high school transcript (six semester transcript for high school seniors with the final transcript to follow after graduation) indicating date of graduation or copy of GED scores. Submit college/university transcripts.
3. Submit immunization records.
4. Complete all entrance testing requirements as stated in the ASU-Beebe catalog.

Applicants seeking admission to the Pharmacy Technician Science program may be requested to participate in specific pre-enrollment assessments to fulfill program or external agency requirements. In addition, certain pre-requisites may have to be satisfied prior to enrollment in this program.

Any potential student wishing to enter the pharmacy technician program must have an ACT of 19 (or comparable COMPASS or ACCUPLACER score) or above in reading, math and English. Students not having the required testing score must satisfactorily complete comparable coursework before making application into the pharmacy technician program.

1. Applicant must hold a High School Diploma or GED.
2. Complete a Pharmacy Technician Application.
3. Consent to a Background check. **Payment for the school background check must be included with your application. The fee is \$32.00. Checks should be payable to ASU-Beebe.**
4. Students should also complete a free timed typing test at www.typingtest.com. The words per minute (WPM) should be recorded on the application.

Official program enrollment will not be complete until the applicant has:

- (a) Received a clean background check
- (b) Received a letter of program acceptance from the program director
- (c) Attended program orientation
- (d) Completed the Hepatitis B decision form
- (e) Read and signed the Substance Abuse Policy Form
- (f) Instructor approval

Falsification of any portion of the enrollment process may lead to dismissal from the program.

Admission to the Pharmacy Technician Science program is a competitive selection process based on completion of the application process by the stated deadline and clean background check. Because of this competitive selection process and limited student program seats, not all applicants will be accepted into the program.

Accepted students will be required to follow the Hepatitis B policy. Hepatitis B policy forms will be given at orientation. Urine drug screenings may be randomly conducted at each term. The approximate cost for each drug screen is \$50.00. Students will pay for the initial drug screening in each semester. The student CANNOT have the drug screen performed on an individual basis. At any time during the school year, a drug screen could be required as a random drug screen or based on reasonable suspicion of substance abuse. These additional drug screens are at the school's expense. If a student tests positive for drug use at any time during the school year and cannot provide the medical examiner with the proper documentation of legitimate use, the student will be immediately terminated from the program. For further information, refer to the Substance Abuse Policy in the ASU-Beebe handbook as well as this handbook.

For 1st consideration, ASU-Beebe Pharmacy Technician Application deadline is April 30th.

Schedule: Courses are scheduled during the week on Tuesdays and Thursdays. The Technical certificate program is a two semester program. A student must successfully complete each course in the fall portion before beginning the spring courses. Students must score proficient or above on all behavior competencies, correctly identify the top 100 drugs, and become successfully registered with the Arkansas State Board of Pharmacy (at their own expense) before being allowed to register for PHT 1113-Clinical Rotation.

Orientation: An orientation session will be held prior to the fall semester. It will address the program schedule, content, and expectations and explain the certification and registration process. The Program Director will be there to address student questions. Anyone who does not attend orientation will forfeit their seat in the program.

Costs: Current tuition at ASU-Beebe is \$100.00 per credit hour. Tuition rates are subject to change, other fees may apply and can be viewed at www.asub.edu for the most current information. A portable liability insurance policy is required; cost is about \$30/year. Students are required to become registered with the AR State Board of Pharmacy as a pharmacy technician before the second semester course offerings. Students are required to take and pass the PTCE National Pharmacy Technician Certification Exam before completion of the Spring Semester; cost is about \$129/test. Students are also required to purchase textbooks and pay for the clinical requirements listed below.

Course Expectations: Students must maintain a 90% attendance in all courses and master the competencies stated in the course syllabi. These will be measured in various ways including performance and written examinations.

Clinical Rotation Requirements: Liability insurance, immunizations, tb test, health exam, criminal background check, State Board of Pharmacy registration, and drug screen are required.

If you have any questions, please call **501-882-8896**.

Arkansas State University-Beebe instructors, staff, and the Pharmacy Technician Advisory Committee look forward to working with you.

Sincerely yours,
Jennifer Tippitt, Program Director
Pharmacy Technician Program
Arkansas State University-Beebe, Beebe Campus

11401 Dewitt henry Drive, Room 127
Beebe, AR 72012

**Pharmacy Technician
CERTIFICATE OF PROFICIENCY PROGRAM**

Program description: The certificate of proficiency program is not ASHP accredited. It consists of lecture and lab in a 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.

Successful completion of this program will enable students to:

- Demonstrate professional demeanor and communications in a community pharmacy environment
- Perform the duties and responsibilities of a pharmacy technician, applying ethical, legal and safety standards
- Apply pharmaceutical/medical terms, abbreviations and symbols to the dispensing and recording of medications
- Perform computations required for the usual dosage determinations and solution preparation using weight and volume equivalents in metric and apothecary systems
- Perform essential functions relating to drug purchasing and inventory control
- Package and label drug products
- Maintain records associated with dispensing prescriptions

Requirements for completion: To qualify for a Certificate of Proficiency, students must successfully complete required coursework listed below and competencies listed in the course syllabus.

Required Courses: Credit hours

PHT 1003	Pharmacy Medical & Drug Terminology	3
PHT 1013	Pharmacy Math	3
PHT 1002	Pharmacy Law-State and Federal	2
PHT 1103	Pharmacy Technician Fundamentals	3
PHT 1005	Pharmacology	4
CIS 1503	Microcomputer Applications I	3
Total Semester Credit Hours		18

Upon successful completion of all coursework, students receive a certificate of proficiency.

**Pharmacy Technician
TECHNICAL CERTIFICATE PROGRAM**

*****The Technical Certificate Program is ASHP accredited*****

Program Description: This technical certificate program consists of lecture, lab and clinical rotation training enabling students to perform the duties of a Pharmacy Technician in all pharmacy settings. Instruction consists of didactic, laboratory and clinical instruction. Emphasis is placed on pharmacy mathematics, medical and pharmaceutical terminology, drug chemistry packaging and labeling, unit dosage and solution preparation, aseptic compounding and Parenteral (IV) admixture operations, drug distribution systems and record keeping.

Successful completion of this program will enable students to:

- ◆ Perform the duties and responsibilities of the Pharmacy Technician within the standards, ethics and legal parameters of the profession
- ◆ Demonstrate a working knowledge of the pharmaceutical/medical terms, abbreviations and symbols commonly used in prescribing, dispensing and charting medications
- ◆ Carry out calculations required for usual dosage determinations and solutions preparation, using weight and volume equivalents in both the metric and apothecary systems
- ◆ Compound, package and label drug products using standard procedures
- ◆ Perform aseptic compounding and parenteral admixture operations
- ◆ Demonstrate a working knowledge of drug dosages, routes of administration, and dosage forms
- ◆ Perform the usual technician duties associated with an institutional drug distribution system
- ◆ Perform manipulative and recordkeeping functions associated with dispensing prescriptions for inpatient and ambulatory patients

Requirements for completion: To qualify for Technical Certificate, students must successfully complete required coursework, clinical rotation training, and competencies listed in the course syllabus.

PHT 1003	Pharmacy Medical & Drug Terminology	3
PHT 1013	Pharmacy Math	3
PHT 1002	Pharmacy Law-State and Federal	2
PHT 1103	Pharmacy Technician Fundamentals	3
PHT 1004	Pharmacology I	4
CIS 1503	Microcomputer Applications	3
PHT 2004	Pharmacology II	4
PHT 2013	Aseptic Technique and Compounding	3
PHT 2113	OTC Drugs and Devices/Communications	3
ENG 1003	Freshman English I	3
PHT 1113	Pharmacy Clinical Rotation	3
Semester Credit Hours		34

Upon successful completion of all coursework, students receive a technical certificate from Arkansas State University-Beebe with the ASHP logo.



PHARMACY TECHNICIAN PROGRAM

I. The application process:

Applicant submits the completed pharmacy technician application form to the Program Director with the following required documentation:

1. Proof of high school graduation or high school senior or GED/college transcript
2. Proof of age with government issued ID

II. The admissions process:

Admission to the Pharmacy Technician Science program is a competitive selection process based on completion of the application process by the stated deadline, Program Director approval, and clean background check. Because of this competitive selection process and limited student program seats, not all applicants will be accepted into the program.

III. The clinical rotation process:

Students must be able to provide proof of liability insurance, immunizations, TB test results, criminal background check prior to registering for the clinical rotation. Students will be randomly drug tested (at student expense) prior to being placed in a clinical site. Some clinical sites may also require current BLS certification. Students must attend any required clinical orientations prior to clinical rotation placement and become registered with the AR Board of Pharmacy before being allowed to register for PHT 1113-Clinical Rotation.

Arkansas State University-Beebe
Pharmacy Technician Program

Complete and Return to:

ASU-Beebe, Pharmacy Technician Program
C/O Jennifer Tippitt, Program Director
P.O. Box 1000
Beebe, AR 72012

You are urged to consider each item in this form. It is to your advantage to complete this application as neatly as possible. The selection committee will evaluate it. Individuals selected for the program will be notified via US Postal Service. For more information contact: Jennifer Morton, at 501-882-8896 or jatippitt@asub.edu.

Today's Date: _____

Name _____
Last, First and Middle/Maiden Name (if applicable)

Home Address _____
Street Address or Mailing address

City, State, Zip Code, and County

Email Address _____

Date of Birth: _____mm/dd/yy

Cell Phone Number: _____

Other Contact Number: _____

HIGH SCHOOL and or SECONDARY EDUCATION:

Please list all schools and /or secondary schools that you have attended.

Dates Attended From and To	Name of School	City and State	Diploma Received

Application for Admission

1. How did you hear about the ASU-Beebe Pharmacy Technician Program?
2. Are you interested in on campus housing? YES NO
3. Why do you want to become a pharmacy technician?
4. Why do you want to be a pharmacy technician instead of a pharmacist?
5. What do you see as the challenges to your becoming a pharmacy technician and how will you deal with these challenges?
6. Have you ever previously applied to or attended a Pharmacy Technician program?
Yes NO
7. If so, please list the name and location of the school as well as the dates of attendance: _____

8. Print, sign and enclose the \$32.00 fee for the background consent.
9. Results of timed typing test _____WPM
10. Please include your ASU Beebe Student ID # _____
11. ACT Math Score _____ English Score _____ Reading Score _____
OR
12. COMPASS Math Score _____ English Score _____ Reading Score _____
OR
13. ACCUPLACER Math Score _____ English Score _____ Reading Score _____
14. Are you interested in a _____ day program or _____ online program?
We are gauging interest in an online program. The program is currently on campus Tuesdays and Thursdays.

PLEASE READ CAREFULLY

I understand that, if selected as a student of the ASU-Beebe Pharmacy Technician Program, I will be required to:

1. Have proof of Hepatitis B vaccination
2. A negative Tuberculosis skin test
3. Submit to a random drug screening
4. Obtain malpractice insurance for pharmacy technicians
5. Have a clean background check by ASU-Beebe, the AR State Police and FBI
6. Become registered with the AR State Board of Pharmacy before I can be placed into a clinical site
7. Have all applicable fees paid

These requirements are at my expense.

Signed: _____

Print name: _____

Date: _____

I hereby affirm that all the information on this form is complete and accurate to the best of my knowledge. I understand that giving false information may make me ineligible for admission and enrollment in the ASU-Beebe Pharmacy Technician Program.

Signed: _____

Date: _____

*****APPLICATION CHECKLIST*****

- SHOT RECORD
- COMPLETED APPLICATION FOR GENERAL ADMISSION INTO ASU-BEEBE
- HIGH SCHOOL AND/OR SECONDARY TRANSCRIPTS
- ACT, COMPASS OR SAT SCORES
- APPLICATION FOR ADMISSION TO THE ASU-BEEBE PHARMACY TECHNICIAN PROGRAM POSTMARKED BY THE APPROPRIATE DATE
- SIGNATURE and PAYMENT OF \$32.00 FEE ON BACKGROUND RELEASE FORM

_____ RESULTS (WPM) OF FREE ONLINE TYPING TEST

- SIGNATURE ON APPLICATION
- COPY ALL MATERIALS FOR YOUR RECORDS BEFORE SUBMISSION

**Arkansas State University Beebe
Pharmacy Technician Program
STUDENT DOCUMENT OF UNDERSTANDING**



I understand that if I miss more than 10% of a class (2 absences in each course); I may not be able to make up the work and will have to retake the class. I also understand that if I am chronically 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.

I certify that I have read this and understand its meaning. I also have been given the opportunity to ask questions regarding this statement.

Applicant's Signature

Date

I understand that I will be required to pay for liability insurance through Arkansas State University-Beebe at an estimated cost of \$25.00/academic year. This policy is mine and is portable.

I certify that I have read this and understand its meaning. I also have been given the opportunity to ask questions regarding this statement.

Applicant's Signature

Date

I understand that prior to the clinical rotation that I will be required to: 1) provide proof of immunizations or serologic proof of immunity to Measles, Mumps, Rubella, Varicella (Chickenpox), and Tetanus-diphtheria at my own expense; 2) be tested for TB annually; 3) complete a background check and registration with the AR Board of Pharmacy and drug screen at my own expense and have acceptable results.

I certify that I have read this and understand its meaning. I also have been given the opportunity to ask questions regarding this statement.

Applicant's Signature

Date

Arkansas State University-Beebe
Pharmacy Technician Program
P.O. Box 1000
Beebe, AR 72012-1000
501-882-8896

Consent to Release Criminal Background Data

As a condition for admission, ASU-Beebe has requested access to my Criminal Background Data. By signing below, I authorize the Arkansas State Police and other Criminal Background Reporting Agencies to release to ASU-Beebe any information from my files that legally can be disclosed in reports to employers under the Fair Credit Reporting Act and related state laws. **The fee for this background check is \$32.00 and the payment should be made to ASU-Beebe.**

I acknowledge that I have received "A Summary of Your Rights Under the Fair Credit Reporting Act."

The contact person for ASU-Beebe is:

Jennifer Tippitt, Pharmacy Technician Program
Arkansas State University-Beebe
P.O. Box 1000, Beebe, AR 72012

Signature of Applicant

Date

For identification purposes, applicant should PRINT the following information:

First Name

Middle Name

Maiden Name

Last Name

Other Names Used:

Date of Birth: _____ State of Birth: _____ Male or Female: _____

Social Security Number: _____ - _____ - _____

Driver's License Number & State: _____

Street Address: _____

City, State, and Zip Code: _____