

Arkansas State University – Beebe
Pharmacy Technician Program
Application Packet



April 2025

Dear Prospective Student:

We are delighted to hear of your interest in the ASU – Beebe (ASUB) Pharmacy Technician Science Program as you prepare for a new career. The technical certificate program is fully accredited by the American Society of Health System Pharmacists (ASHP) and Accreditation Council for Pharmacy Education (ACPE).

The program outcomes are:

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 the national certification exam.

Admission into the College:

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

1. Make application into the College.
2. Submit an official complete high school transcript (six semester transcripts for high school seniors with the final transcript to follow after graduation) or GED.
3. Submit college/university transcripts.
4. Submit immunization records.
5. Complete all entrance testing requirements as stated in the current ASU-Beebe catalog.

Admission into the Program:

Following admission into the College, students must complete the following program admission requirements:

1. Proof of age by a government issued ID.
2. Have an ACT of 16 (or Accuplacer Score of 200-2054) in Math and an ACT of 19 (Accuplacer Score 253-255 or higher) in reading and English.
3. Completed Pharmacy Technician Science program application before the priority deadline of August 1st. Applications may be accepted beyond this date if any seats remain.
4. Consent to a Background Check. Payment of \$35.00 must be made to the cashier's office.
5. Attendance at the program orientation.

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

1. Received a clear background check
2. Received a letter of program acceptance from the program director
3. Attended program orientation
4. Completed the required immunization decision forms
5. Read, signed and agreed to the program substance abuse policy

Falsification of any portion of the enrollment process may lead to a student not being admitted or retained in the program.

Important Program Information

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.

Vaccinations

Accepted students will be required to follow the Hepatitis B policy. Hepatitis B policy forms will be given at orientation. Clinical sites may require additional vaccinations prior to placement.

Drug Screening

Students will be drug screened in each semester. Urine drug screenings may be randomly conducted. The cost of the screening varies, depending on the provider. Students will share the results of the screening upon receipt. 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 may be immediately terminated from the program. Illicit drug use, a criminal background, and immunization status may prevent future employment as a pharmacy technician. See the Arkansas State Board of Pharmacy or prospective employers regarding their policies. Please contact the Program Director for more information.

Class Schedule

Face to face delivery of courses is scheduled during the week on **Tuesdays and Thursdays**. **Online delivery is** asynchronous (online learning allows students to view instructional materials each week at any time they choose **and does not include a live video lecture component**); **however, students are required to complete 100 hours over 2 semesters of simulation**. The Technical certificate program is a two-semester program. A student must successfully complete each course in the first portion before beginning the second portion 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 starting semester. It will address the program schedule, content, and expectations and explain the certification and registration process. The Program Director

will be in attendance to address student questions. Anyone who does not attend orientation will forfeit their seat in the program.

Program Costs

The current tuition at ASU-Beebe is \$143 per credit hour for in-state residents and \$193 per credit hour for non-residents. Tuition rates are subject to change, other fees may apply, and can be viewed at [Tuition Rates](#) for the most current information.

A portable liability insurance policy is required; cost is about \$90 per 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 purchase textbooks, pay for the clinical requirements and other related program expenses. A complete cost listing will be shared at orientation.

Attendance and 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. Students must earn a “C” or higher in all program related content.

Clinical Rotation Requirements:

Liability insurance, immunizations, TB test, health exam, criminal background check, State Board of Pharmacy registration, and drug screening are required.

Arkansas State University-Beebe instructors, staff, and the Pharmacy Technician Advisory Committee look forward to working with you. Please call Janet McGregor Liles, Program Director, with any questions or concerns at (501) 882-8871.

Sincerely,

Janet McGregor Liles

Janet McGregor Liles, MSHS, CPhT-ADV
ASUB Pharmacy Technician Program Director
Arkansas State University – Beebe
Math and Science Building, Room 105 F
P. O. Box 1000
Beebe, AR 72012

Pharmacy Technician
CERTIFICATE OF PROFICIENCY PROGRAM

Program description: The certificate of proficiency program is not ASHP-ACPE 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 technical 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 and Drug Terminology	3 Credit Hours
PHT 1013	Pharmacy Math	3 Credit Hours
PHT 1002	Pharmacy Law – State and Federal	2 Credit Hours
PHT 1103	Pharmacy Technician Fundamentals	3 Credit Hours
PHT 1004	Pharmacology I	4 Credit Hours
Total Semester Credit Hours		15 Credit Hours

Students are awarded a Certificate of Proficiency upon successful completion of all coursework.

Pharmacy Technician
TECHNICAL CERTIFICATE PROGRAM



The Technical Certificate Program is ASHP/ACPE 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 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 and Drug Terminology	3 Credit Hours
PHT 1013	Pharmacy Math	3 Credit Hours
PHT 1002	Pharmacy Law – State and Federal	2 Credit Hours
PHT 1103	Pharmacy Technician Fundamentals	3 Credit Hours
PHT 1004	Pharmacology I	4 Credit Hours
PHT 2004	Pharmacology II	4 Credit Hours
PHT 2013	Aseptic Technique and Compounding	3 Credit Hours
PHT 2113	OTC Drugs and Devices	3 Credit Hours
ENG 1003	English I	3 Credit Hours
PHT 1113	Pharmacy Clinical Rotation	3 Credit Hours
Total Semester Credit Hours		31 Credit Hours

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

Arkansas State University – Beebe
Pharmacy Technician Program Application

Form should be completed electronically

You are urged to consider each item in this form. It is to your advantage to complete this application as early as possible for program selection. Individuals selected for the program will be notified via email. For more information contact: Janet McGregor Liles, phone 501-882-8871 or jaliles@asub.edu.

Today's Date: _____

Name: _____

Last Name, First Name and Middle name. Include Maiden Name if applicable.

Home Address: _____

Mailing Address

Street Address

City, State, Zip Code and County

Email Address: _____

Date of Birth: (MM/DD/YYYY) _____

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	Name of School	City and State	Diploma Received

Arkansas State University – Beebe

Pharmacy Technician Program Application

1. How did you hear about the ASU – Beebe Pharmacy Technician Program?
2. Why do you want to become a pharmacy technician?
3. Why do you want to be a pharmacy technician instead of a pharmacist?
4. What do you see as the challenges to becoming a pharmacy technician and how will you handle those challenges?
5. Have you previously applied to or attended a Pharmacy Technician Program?
If so, please list the name and location of the school as well as the dates attended.
6. Have you ever worked as a Pharmacy Technician? Yes _____ No _____
If yes, what state did you practice _____ Length of Time _____
7. Please provide your ASU – Beebe Student ID # _____
8. ACT Math Score _____ English Score _____ Reading Score _____
9. Next GEN Accuplacer
Math Score _____ English Score _____ Reading Score _____
10. Which of the following are you interested in?
Day Program _____ Night Program _____ Online Program _____ Other _____
11. Is your receipt of \$35.00 fee for a Background Check or pay by phone by contacting the
Cashier's office at 501-882-8825 attached? Yes _____ No _____
12. Are you interested in campus housing? Yes _____ No _____

Arkansas State University – Beebe

Pharmacy Technician Program Application

Statements of Understanding

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

1. Have proof of required vaccinations
2. A negative Tuberculosis skin test
3. Submit to random drug screenings and abide by the program substance abuse policy
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. Additionally, 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.

I understand that if I miss more than 10% of a class, 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 understand that I will be required to pay for liability insurance through Arkansas State University-Beebe at an estimated cost of \$90.00 per calendar year. This policy is mine and is portable.

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 screened for TB; 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 understand that I must meet the expected technical standards to work successfully in any pharmacy setting. These standards including having sufficient visual acuity, auditory perception, communication skills, and intellectual/emotional functioning.

I certify that I have read these statements and understand the meaning. I also have been given the opportunity to ask questions regarding these statements.

Signed: _____

Print Name: _____

Date _____

Arkansas State University-Beebe
Pharmacy Technician Program
P.O. Box 1000
Beebe, AR 72012-1000
501-882-8871

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 \$35.00 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:
Janet McGregor Liles, MSHS, CPhT 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: _____ Gender: _____

Social Security Number: _____ Driver's License Number & State _____

Street Address: _____

City, State and Zip Code: _____

Email Address: _____