



Application: Pharmacy Technician

Jefferson Community College (JCC) Continuing Education Division in partnership with Condensed Curriculum International (CCI) is offering a pre-certification training at **Jefferson Community College, 1220 Coffeen Street, Watertown, NY.**

Program Summary: 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. **This comprehensive 50 hour course will prepare students to enter the pharmacy field and to take the Pharmacy Technician Certification Board's PTCB exam.** The Pharmacy Technician certification program includes a graded final exam to help prepare students for the PTCB exam.

Extended Learning Center: E-129

Monday & Wednesday

March 19 – May 7, 2018

6:00 – 9:30 p.m.

\$999 (textbooks included)

Application deadline: **February 9, 2018**

Course Code: CCI 002 701

- 1) All information given on the application form must be typed or neatly printed.
- 2) Arrange for an **official copy of your college transcript, or high school transcript** to be forwarded to the Continuing Education Division by contacting your high school and/or college.
- 3) Two letters of reference are required. These references may not be family members. References should be responsible adults who can attest to your ability to successfully complete this training. Letters can be mailed to Continuing Education separately, or included in **sealed** envelopes with your application.
- 4) Mail completed applications to: **Continuing Education Division at Jefferson Community College - 1220 Coffeen Street, Watertown, NY 13601 Attention: Continuing Education.**

There are only 20-seats available in this program. Acceptance letters will be mailed to the 20 people selected for the program. Continuing Education will not notify applicants who are not accepted into the Pharmacy Technician certification program.

Spring 2018 Pharmacy Technician Certification Program APPLICATION

Name _____
Last First Middle

Other/Previous Name (which may appear on records) _____

Address _____
Number & Street Apt. Number

_____ City State Zip code

Phone: cell or day number: () _____ Work: () _____

Social Security Number _____

Date of Birth _____ Email _____

How did you hear about the Pharmacy Technician Training Program?

Extra-Curricular Activities (please list all school, community or religious activities in which you have participated. Include all offices which you have held and honors you have received.)

Give names and address of the persons whom you have asked to speak to your ability to successfully complete this training. These references must *not* be family members.

Name _____ Title/Position _____

Address _____

Phone () _____ Email _____

Relationship to Applicant _____

Name _____ Title/Position _____

Address _____

Phone (____) _____ Email _____

Relationship to Applicant _____

Both of the persons named above need to submit a **letter of recommendation** and a **reference form** (see **enclosed**). These must be sent directly to **Jefferson Community College - 1220 Coffeen Street, Watertown, NY 13601** **Attention: Continuing Education**.

Educational Background

	School	City	Dates Attended	Degree
High School	_____	_____	_____	_____
College(s)	_____	_____	_____	_____
	_____	_____	_____	_____
Special Certification	_____	_____	_____	_____

Employment

Present Employer _____ Phone (____) _____

Address _____ Dates of Employment _____

Nature of Work _____

Previous of Employer _____ Phone (____) _____

Address _____ Dates of Employment _____

Nature of Work _____

Statement of Interest

Please explain why you wish to be accepted into the Pharmacy Technician training program.

Applicant's Name _____

Date_____

Jefferson Community College
Pharmacy Technician certification Program

Certificate of Information

I certify, to the best of my knowledge, that the information supplied on this application is complete and accurate. I know that this is a pre-certification training and not a college degree.

Applicants signature _____ Date _____

Jefferson Community College admits students without regard for race, color, creed, sex, age, religion, national/ethnic origin, sexual orientation, disability, pregnancy or military status.

Application Checklist

- Completed Application Form

- Transcripts: (College or High School diploma or copy of high school equivalency diploma.

- Two letters of recommendation in sealed envelopes.