

COMPLETE PHARMACY TECHNICIAN TRAINING INCLUDING 80 HOUR EXTERNSHIP IN 6 MONTHS!



The health care industry on Long Island is one of the fastest growing sectors. Consider beginning your employment in this sector by training for a Pharmacy Technician and earning a non-credit certificate. This course is designed for those who wish to qualify for the Pharmacy Technician Certification Board (PTCB) Exam and obtain a title of certified pharmacy technician.

A Pharmacy Technician assists licensed pharmacists in a variety of activities necessary for the dispensing of drugs and drug information. Working under the direction of a licensed pharmacist, duties may include processing prescriptions, measuring, counting, labeling, recording amounts and dosages of medications, inventory management, and customer service.

CERTIFICATION EXAM

The student must make arrangements to sit for a certification exam and candidates must meet certain eligibility requirements specified by the PTCB.

- Candidates must have a High school diploma or its equivalent (e.g. a TASC/GED or foreign diploma with evaluation).
- No felony conviction.
- No drug or pharmacy related convictions, including misdemeanors.
- Compliance with PTCB policies, related to licensing and regulations.

For more specific information on certification, visit www.pharmacytechnician.org/ptcb.



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(Rev. 11/18)

PHARMACY TECHNICIAN

Using a combination of classroom and externship experience, this course will prepare students to sit for the Pharmacy Technician Certification Board (PTCB) exam. During 120 hours of classroom training, students will learn pharmacology, drug classification, purpose, and interaction. Students will study how to interpret a prescription, calculate dosages, prevent medication errors, and fill prescriptions. The course will also review various work settings and the skills needed to assist a pharmacist. Professional communication/teamwork, pharmacy ethics, law, regulations and safety will be stressed. Review and practice for the certification exam is also included.

During an 80-hour externship experience, acquire valuable experience while working alongside a licensed pharmacist. Students must comply with Field Placement/Externship entry requirements as specified by the host company, including background check* drug screening and a government provided photo ID. A High school diploma or equivalent is required. **Textbooks, other materials, background check/drug screening, and certifying exam are additional cost.**

CE1 254 B1 Meets: Monday and Wednesday, 6:00pm-9:00pm for 32 classroom sessions.

January 30 – June 5, 2019

Externship: 80 hour Field/Placement will be scheduled between May 29 – August 7, 2019.

Classroom sessions during the externship period will meet on 8 Wednesdays, from June 12 – August 7, 6:00pm-9:00pm.

Fee: \$2,250

*Applicants will be responsible to complete a background check. Once registered, a student will be provided information on completing the background check. Students are required to pay the cost of the background check. If you have been convicted of a felony, you should contact the Center for Workforce Development prior to registering for this program. A felony conviction may prevent you from participating in a clinical rotation/externship portion of the program. All cases will be reviewed on an individual basis. If it is determined that a student is not eligible to go into a clinical setting, the student may be allowed to continue with only the classroom portion of the program and may not meet requirements to sit for a certifying exam. The refund policy will be adhered to regardless of a student's eligibility for the clinical rotation/externship of any program.

REGISTRATION FORM

Please answer all questions on this form and send it together with your check, money order, or credit card information to:

OFFICE OF WORKFORCE DEVELOPMENT & LIFELONG LEARNING

Nassau Community College
One Education Drive
Garden City, New York 11530-6793

Make check payable to: Nassau Community College
OR fax the form with credit card information to:
516.828.3507

YOU MUST BE 18 OR OLDER TO REGISTER WITH THE EXCEPTION OF ALTERNATIVES, HSE, AND SAT PROGRAMS.

HOW DID YOU HEAR ABOUT OUR COURSES?

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Other |

Last Name _____

Complete First Name _____

Address _____

City _____ Zip _____

Home Phone: () _____

Male

Cell Phone: () _____

Female

Work Phone: () _____

*Birthdate: mm/dd/yyyy ____/____/_____
required

Have you ever taken any courses
at NCC? Yes
 No

e-mail: _____ NCC ID #: _____

COURSE SELECTION

CED #	SECTION	COURSE TITLE	DAY	FEE
1254	B1	Pharmacy Technician	M & W	\$2,250
		Externship Hours	TBD	
Total Amount :				\$2,250

Non-Credit Refund Policy: Tuition is refundable when a course is canceled by the College. Tuition is refundable to the student whose written request for withdrawal has been received by the Office of Workforce Development & Lifelong Learning prior to the beginning of the class. A 50% refund of tuition may be made to the student who has applied in writing to the Office of Workforce Development & Lifelong Learning prior to the second session of the class. **NO REFUNDS WILL BE MADE AFTER THE SECOND CLASS MEETING.** Please be advised that if a refund is due it will take approximately 2-3 weeks to be processed.

CREDIT CARD PAYMENT INSTRUCTIONS:

I authorize the use of my credit card for full payment of the amount of my course registration as indicated on this non-credit registration application.

Students with overdue tuition and fees may be referred to a collection agency and will incur additional liabilities of up to 33% to cover all associated collection cost processes.

Step 1: Print Cardholder's name

(as it appears on the credit card) _____

Step 2: Provide Cardholder's signature: _____

Step 3: Please read: I certify that there is sufficient credit amount on the card listed below to cover the fee charges shown on the accompanying Registration Form. Otherwise, I understand the lack of approval by my credit card company will result in cancellation of this registration for non-payment.

Step 4: Card Information:

PLEASE Check ONE: VISA Mastercard Discover American Express

Card Number: _____ **Date of Expiration:** ____/____/____

