



Application: Pharmacy Technician

Jefferson Community College (JCC) Continuing Education Division in partnership with Condensed Curriculum International (CCI) is offering a Pharmacy Technician pre-certification program 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-130

Monday & Wednesday

October 16 – December 6, 2017

6:00 – 9:30 p.m.

\$999 (textbooks included)

Application deadline: **September 1, 2017**

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 and reference forms 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.*

2017 Fall 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: () _____

JCC Student or Alum/J# _____

If no J# Social Security Number _____

Date of Birth _____ Email _____

How did you hear about the certification 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 _____

Educational Background

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

Present Employer	_____	Phone (____)	_____
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Address	_____	Dates of Employment	_____
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Nature of Work	_____		
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Previous Employer	_____	Phone (____)	_____
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Address	_____	Dates of Employment	_____
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Nature of Work	_____		
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APPLICANT: Please complete the information section only, and then give this form to the recommending official with a pre-addressed stamped envelope, addressed to: **Continuing Education Division at Jefferson Community College - 1220 Coffeen Street, Watertown, NY 13601 Attention: Continuing Education.**

INFORMATION SECTION:

Applicant's name: _____
 (LAST, FIRST, MIDDLE NAME) (FORMER LAST NAME)

Program: _____ **E-mail address:** _____ **Date of Birth:** _____

PERSON COMPLETING: The person named above has requested that you submit a recommendation pertaining to his/her potential to pursue a career in an allied health profession. Please mail in the envelope provided by the applicant, FAX to 315-786-2391, or send via email to ced@sunyjefferson.edu.

Please rate the candidate on the following scale:		Yes	No	Comments
Works well with others	Willing to work in groups/teams			
	Listens to others' ideas			
Takes responsibility	Follows through on responsibilities			
	Seeks, accepts, and acts upon constructive feedback			
	Completes work in a timely fashion			
Fosters positive relationships	Models effective interpersonal behavior/communication			
	Engages in positive interactions with professionals and peers			
	Seeks to solve problems			
Behaves in a professional manner	Is punctual, dependable, and dresses appropriately.			
Engages in self-evaluation	Is interested in and participates in ongoing self-evaluation on one's own performance			
Maintains high level of competence and integrity	Exhibits interest in and enthusiasm for learning process			
Willing to take risks; flexible	Adapts to change			
	Shows self-direction in completing works			
Recognizes and respects diversity	Responds positively to diverse opinions			

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 sent to the Continuing Education Division.

- Two letters of recommendation & reference forms in sealed envelopes to the Continuing Education Division.