



Baton Rouge Community College
Pharmacy Technician Certificate of Technical Studies

PHARMACY TECHNICIAN ADMISSION PACKET

BEFORE COMPLETING THIS PACKET

1. Complete and Submit
**PHARMACY TECHNICIAN PROGRAM
APPLICATION (ONLINE)**
Click link below for application form:
https://docs.google.com/forms/d/e/1FAIpQLScN96Q-tcmQV7xq5cS6ucjKOzn5wZzDrFRcFn_f2bmnWld6mQ/viewform?c=0&w=1
2. Contact Pharmacy Technician Program Manager
Cardice Sylvan at 225-421-3801 or
sylvanc@mybrcc.edu.
3. Complete this **PHARMACY TECHNICIAN
ADMISSION PACKET** After Completing
Steps 1 and 2 Above.

Return completed documents **in person** to the Pharmacy Technician Program Manager, Cardice Sylvan, at the Port Allen Campus 3233 Rosedale Rd. Port Allen LA, 70767 **one week before classes begin** (NO EXCEPTIONS).

Please keep a copy of everything you submit.

It is the policy of Baton Rouge Community College not to discriminate on the basis of age, sex, race, color, religion, national origin or disability in its educational programs, activities or employment policies.

ACADEMIC REQUIREMENTS

STEPS

1	<ul style="list-style-type: none"> Students must be 18 years or older, and have a high school diploma from a regionally accredited institution or a General Educational Development (GED)/ HISET diploma. 																					
2	<ul style="list-style-type: none"> Students must complete the Baton Rouge Community College online application process and be fully admitted to the college. You will be issued a student ID number which is required for step 4. 																					
3	<ul style="list-style-type: none"> Students must have achieved the following test scores: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>ACCUPLACER Next Generation</th> <th>ACCUPLACER (old)</th> <th>ACT</th> <th>SAT</th> <th>COMPASS</th> <th>Placement</th> </tr> </thead> <tbody> <tr> <td>Math</td> <td style="text-align: center;">242 (QAS)</td> <td style="text-align: center;">46 (Elem. Alg.)</td> <td style="text-align: center;">15</td> <td style="text-align: center;">421</td> <td style="text-align: center;">47 (COPA)</td> <td style="text-align: center;">Completion of MATH 0098 with a C or better</td> </tr> <tr> <td>English</td> <td style="text-align: center;">225 (Writing)</td> <td style="text-align: center;">60 (Sent. Skills)</td> <td style="text-align: center;">14</td> <td style="text-align: center;">21</td> <td style="text-align: center;">38 (COEN)</td> <td style="text-align: center;">Completion of SPRW 0093 with a C or better</td> </tr> </tbody> </table> <ul style="list-style-type: none"> COMPASS and Accuplacer scores must be no older than 3 years and ACT scores must be no older than 5 years at time of admission to the program. Study resources are available on the Testing Center's website. http://www.mybrcc.edu/academics/division_innovative_learning/testingcenter/forms.php Students are strongly encouraged to prepare before taking the placement exam. If a student does not achieve the appropriate test scores, the student can either retest or complete the developmental course sequence 		ACCUPLACER Next Generation	ACCUPLACER (old)	ACT	SAT	COMPASS	Placement	Math	242 (QAS)	46 (Elem. Alg.)	15	421	47 (COPA)	Completion of MATH 0098 with a C or better	English	225 (Writing)	60 (Sent. Skills)	14	21	38 (COEN)	Completion of SPRW 0093 with a C or better
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4	<ul style="list-style-type: none"> Complete and submit the Pharmacy Technician Program Application ONLINE. https://docs.google.com/forms/d/e/1FAIpQLScN96Q-tcmQV7xq5cS6ucjKOzn5wZzDrFRCFn_f2bmnWld6mQ/viewform?c=0&w=1 																					
5	<ul style="list-style-type: none"> After you have submitted the Pharmacy Technician Program Application, you will be contacted by program personnel with additional admission requirements. If you have questions or need assistance contact the Pharmacy Technician Program Manager Cardice Sylvan at 225-421-3801. 																					

Cardice Sylvan, Program Manager
 3233 Rosedale Road
 Port Allen, LA 70767
 225-421-3801
sylvanc@mybrcc.edu

PHARMACY TECHNICIAN PROGRAM OUTCOMES

Upon successful completion of the Pharmacy Technician CTS Program students should be able to:

1. Demonstrate career readiness, including effective communication with other health professionals and patients, proper telephone etiquette, protocol, required identification, and professional attire.
2. Demonstrate knowledge of pharmacy laws and regulations as they pertain to pharmacy technician responsibilities, including application of procedures of the Drug Enforcement Administration (DEA) and state requirements for controlled substances and the role of the Louisiana Board of Pharmacy and the regulations that pertain to pharmacy technicians.
3. Demonstrate knowledge of drug nomenclature, an understanding of the classes of drugs, the various dosage forms and issues pertaining to their stability, the various factors that could affect drug activity, and proficiency in the dispensing of drugs.
4. Perform duties of the pharmacy technician including the process of prescriptions and/or medication orders, the maintenance of a patient profile/information system as directed by a pharmacist, proper procedure for materials management including ordering, receiving, and storing drugs, manufacturer drug labels, and inventory control and accountability for drugs.
5. Demonstrate knowledge and skills needed to be successful on the National Pharmacy Technician Certification Examination.

PHARMACY TECHNICIAN, CERTIFICATE OF TECHNICAL STUDIES (CTS)

COURSES BY SEMESTER

Course Number	Course Title	Credit Hours	Clock Hours
First Semester			
HPHM 1200	Pharmacy Technician Fundamentals	3	45
HPHM 1300	Pharmacy Laws and Ethics	3	45
HPHM 1400	Fundamentals of Dosage Calculations	2	60
HPHM 1503	Pharmacology I	5	210
		13	360
Second Semester			
HPHM 1513	Pharmacology II	5	210
HPHM 2000	Professionalism for Pharmacy Technicians	3	75
HPHM 2013	Certification Review	2	120
HPHM 2014	Advanced Dosage Calculations	2	120
		12	525
Third Semester			
HPHM 2022	Pharmacy Clinical Externship	7	315
		7	315
	Total Curriculum Hours	32	1200

Clinical Requirements for Entry into the Pharmacy Technician Program

All documentation **MUST** be submitted to the Pharmacy Technician Program Manager before you can register for your Pharmacy Technician classes.

Instructions	Date/ Verified By:
<p>1. Complete the application for <u>New Louisiana Pharmacy Technician Candidate Registration</u>. The application can be found at the link below. http://www.pharmacy.la.gov/assets/docs/Forms/030_AppNewPTC_2018-0101-F-S.pdf Please note you will need to submit the following items with your application:</p> <ul style="list-style-type: none"> • a notarized passport picture • a copy of your Social Security card • a copy of your birth certificate, passport, or naturalization papers • a check or money order for \$25 payable to the Louisiana Board of Pharmacy <p><u>Criminal Background Check:</u> The Louisiana Board of Pharmacy conducts a criminal history check on applicants as a condition for eligibility for registration. Upon receipt of your properly completed application, you will be provided with the materials needed to conduct a criminal record search with the Louisiana Department of Public Safety and the Federal Bureau of Investigation (FBI).</p>	
<p>2. <u>CPR:</u> You must have a current American Heart Association BLS Provider Cardiopulmonary Resuscitation (CPR) card. <i>*CPR card must be valid for the duration of the program.</i></p>	
<p><u>Health Requirements:</u> The following items are required by the agencies we use for clinical rotations. All requirements should be dated within the last year unless otherwise indicated.</p> <p>3. <input type="checkbox"/> <u>Health History Form</u> (Page5) <u>Immunization/ Labs:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tetanus vaccine (current 10 years) <input type="checkbox"/> Hepatitis B Series or a titer (current 10 years) <ul style="list-style-type: none"> <input type="checkbox"/> 1st Shot Date: _____ <input type="checkbox"/> 2nd Shot Date: _____ <input type="checkbox"/> 3rd Shot Date: _____ <input type="checkbox"/> Complete Blood Count (CBC) <input type="checkbox"/> HIV test (current 5 years) <input type="checkbox"/> VDRL/RPR <input type="checkbox"/> Varicella (Chicken Pox) Positive Titer <input type="checkbox"/> Measles (Rubeola) Positive Titer <input type="checkbox"/> Mumps Positive Titer <input type="checkbox"/> Rubella Positive Titer <input type="checkbox"/> TB Skin Test Date: _____ or <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Influenza Vaccine (if required by clinical site) 	
<p>4. <input type="checkbox"/> <u>Physical Examination Form</u> (Page 6): Have your primary care provider complete the Health and Physical forms (Pages 5 and 6); if you do not have a health care provider a list of local resources is attached. The providers address and contact information must be written/stamped on the bottom of the health history form otherwise the form will <u>NOT</u> be accepted.</p>	
<p>5. <input type="checkbox"/> <u>Drug Screen:</u> Students are required to complete a 10 panel urine drug screen. <i>* Complete the release form. (Page 7).</i></p>	
<p>6. <input type="checkbox"/> <u>OIG Verification</u>[†] <input type="checkbox"/> <u>GSA Verification</u>[†] <input type="checkbox"/> <u>Sex Offender Registry</u>[†] [†]Completed by BRCC Pharmacy Technician Program Manager</p>	

For Office Use Only

Cleared for Registration: Yes No

Signature: _____

HEALTH HISTORY AND PHYSICAL EXAMINATION

HEALTH HISTORY								
Last Name			First Name			Middle Name		
Student ID (LOLA) #				Date of Birth (Month / Day / Year)			Gender M <input type="checkbox"/> Male F <input type="checkbox"/> Female	
Racial / Ethnic Group <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								
Mailing Address					City / State		Zip Code	
Home Phone Number ()			Cell Phone Number ()		E-Mail Address			
Emergency Contact (Name / Relationship)						Emergency Contact Number ()		
Have you ever been <u>treated</u> , <u>or</u> are you receiving treatment for any of the following conditions -mark all that apply and comment below.								
YES*	NO	Condition	YES*	NO	Condition	YES*	NO	Condition
		Alcohol/Substance Abuse			Diabetes			Orthopedic Disorder
		Allergies: Food			Eating Disorder			Seizure Disorder
		Allergies: Medication			Emotional Disorder			Social Disorder
		Asthma			Heart Disorder			Trauma
		Back Injury / Disorder			Hearing Disorder			Tuberculosis
		Blood Disorder			Intestinal Disease			Vision Disorder
		Cancer			Kidney Disease			Pregnancy
*Provide <u>dates</u> and an <u>explanation</u> for "yes" responses in the space provided below. * Please use additional paper if needed to fully explain your 'yes' answers.								
Explanations / Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>								
List Surgical History: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>								
List Routine Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>								
All pre-existing medical conditions require a medical release from your health care provider. Attached? <input type="checkbox"/> Yes <input type="checkbox"/> N/A								

PHYSICAL EXAMINATION

Last Name:		First Name:		Middle Initial:	
System	NORMAL	ABNORMAL	COMMENTS		
General Health					
Cardiovascular					
Endocrine					
Extremities					
HEENT					
Gastrointestinal					
Neurologic					
Respiratory					
Reproductive					
Skeletal					
Skin					
Urinary					
B/P	Pulse	Resp	Temp	Weight	Height

IMMUNIZATION DOCUMENTATION

Please attach copies of immunization records and lab results*

REQUIRED IMMUNIZATION / LABS	DATE	RESULTS / COMMENTS
<input type="checkbox"/> Mumps Titer*		
<input type="checkbox"/> Measles Titer*		
<input type="checkbox"/> Rubella Titer*		
<input type="checkbox"/> TB Skin Test*		
If TB skin test was positive was treatment received? <input type="checkbox"/> No <input type="checkbox"/>		
If TB skin test was positive was chest x-ray done? <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Varicella Titer*		
<input type="checkbox"/> HIV* dated within last in last 5 years.		
<input type="checkbox"/> CBC*		
<input type="checkbox"/> VDRI / RPR*		
<input type="checkbox"/> Tetanus Vaccine – dated within last 10 years		
<input type="checkbox"/> Hepatitis B Vaccine Series* Dates of vaccination		
<input type="checkbox"/> 1 st Shot		
<input type="checkbox"/> 2 nd Shot		
<input type="checkbox"/> 3 rd Shot		
<u>Or</u> Date and result of Hepatitis B Vaccine Titer*		

Does the student have any physical, medical or mental conditions that would impede their ability to provide safe and competent care of patients in a health care environment? No Yes (please comment below)

Health Care Provider Comments:

Examining Health Care Provider: _____ Date: _____

Health Care Provider office / address contact information:

**BATON ROUGE COMMUNITY COLLEGE
PHARMACY TECHNICIAN PROGRAM**

Ten Panel Urine Drug Screen

Dear Lab Personnel,

I am requesting a urine drug screen for the purpose of student enrollment in the Pharmacy Technician program at Baton Rouge Community College.

I give consent for the facility to release my lab results to Cardice Sylvan, Pharmacy Technician Program Manager.

Thank you,

Student Name (Print)

Student Name (Signature)

Date

PROGRAM CONTACT

Cardice Sylvan, Pharmacy Technician Program Manager

225-421-3801

sylvanc@mybrcc.edu

225-216-8587 (Fax)

Consent to Release Medical and Background Information

I _____, give consent for the Medical Assistant program faculty of
Baton Rouge Community College to release my medical and background information to the clinical
sites that I will be assigned for clinical rotations required for completion of the program.

Student Name (Print)

Student Name (Signature)

SERVICE PROVIDERS

Criminal Background Check: Must be completed at **Louisiana State Police Headquarters** 7919 Independence Blvd, Baton Rouge, LA 70806 (225.925.6006)

CPR SERVICES: AHA Healthcare Provider CPR cards issued by your employer will be accepted. You may use any AHA Health Care Provider. The following are community providers:

- **Operation Life Saver Training Center**
CPR Services Stephanie Smith
225.753.7716
- **OLOL Health Career Institute**
225. 214.6964
<http://69.2.57.119/AHA.html>
- **Partners in Healthcare Education-CPR** Robin Parker 225.389.0067

**CPR card must be valid for the duration of the program.*

HEALTH SERVICES: All health requirements can be completed by you primary care practitioner (PCP). The tests required are expensive, we have negotiated discount service rates with the providers listed below. To obtain the contracted rates inform them you are a BRCC MEDICAL ASSISTANT STUDENT.

Health History and Physical:

- **BRG Family Health Center** (appointments only – low rates) (225-381-6620)
3801 North Blvd, BR, La, 70806
- **Capitol City Family Health Center** (Income based fee scale) (225.650.2000)
3140 Florida Street, Baton Rouge, LA 70806
- **Total Occupational Medicine** (225.924.4460) 333 Drusilla Lane, Baton Rouge, LA 70809

LABS and IMMUNIZATIONS:

- **BRG Family Health Center** (appointments only – low rates) (225-381-6620)
3801 North Blvd, BR, La, 70806
- **Capitol City Family Health Center** (Income based fee scale) (225.650.2000)
3140 Florida Street, Baton Rouge, LA 70806
- **Total Occupational Medicine** (225.924.4460) 333 Drusilla Lane, Baton Rouge, LA 70809
- **EBRP Health Unit** (225.242.4860) 353 North 12th Street, Baton Rouge, LA 70802 *** **Only provides tetanus vaccine and HIV test (HIV test is only provided at 8am or 1pm)*****
- **Work Force Medical** (walk ins welcome – low rates) (225.926.6687)
604 Chevelle Ct, # A, Baton Rouge, LA 7080 *** **Hepatitis B and tetanus vaccines are not provided****

STUDENT ACKNOWLEDGEMENT FORM

Student must **read** and **initial** in the space next to each item listed below:

1. _____ I have read and fully understand the curriculum plan for the program.
2. _____ I promise to put in the effort required to be successful in the program.
3. _____ I understand that if I do not take the full load of courses offered each semester it will take me longer to complete the program.
4. _____ I understand that if I do not successfully complete all the courses for which I am registered in a given semester, I will have to retake those courses before I can continue the program. This may mean waiting **more than one semester** until the courses I need to repeat are offered again.
5. _____ I will only be allowed to repeat a failed course once.
6. _____ If I am in the final semester of the program, I will not be allowed to graduate until I have successfully completed all required course work. This includes any required Clinical Externship hours that I have missed.
7. _____ If I am removed from a clinical site because of inappropriate behavior, I will be **terminated** from the program.
8. _____ If I do not submit all required clinical documentation, I will not be allowed to register for the externship course.
9. _____ I understand that the program faculty and BRCC will only discuss my personal education records with me.

I, _____ have read and understood all of the 9 items listed above.
(Printed name of student)

(Student signature)

Date

(Course Instructor signature)

Date

A completed copy of this form must be placed in the student academic record folder.



PHARMACY TECHNICIAN PROGRAM ESTIMATED COSTS

Tuition & Fees are subject to change

TUITION & FEES	
Cost Per Credit Hour	\$175.89
Total cost for program - 32 credits hours	\$5,628.48

ADDITIONAL EXPENSES			
Lab Fee	50.00		
Physical	100.00		
TB Skin Test	30.00		
Hepatitis B Vaccine (3 injections @ \$60.00 each)	180.00		
State Criminal Background Check	45.25		
State Application Fee for student permit	25.00		
Drug Screen	30.00		
CPR Certification	35.00		
Uniforms (2) Sets of Caribbean Scrubs	40.00		
Tennis Shoes Only (No Open Toe Shoes)	50.00		
Textbooks	ISBN #	EDITION	COST
Pharmacology for Pharmacy Technicians	978-0-76386-776-8	6 th	122.78
Pharmacy Calculations for Technicians	978-0-76386-845-1	6 th	103.90
Pharmacy Practice for Technicians	978-1-64043-138-6	7 th	110.48
Mosby's Review Technician Exam Review Book	9780323113373	3 rd	55.16
Law + Ethics for Pharmacy Technicians	978-1-337-79662-0	3 rd	60.96
PharmaSeer Toolkit by NHA			562.50
(PTCE) Pharmacy Technician Certification Exam	129.00		
APPROXIMATE TOTAL COST	\$7,358.50		

NOTE: Total does not include cost of meals, lodging, and transportation to and from school or clinical sites.

Pharmacy Technician Career Information Resources

Salary

The median annual wage for pharmacy technicians was \$30,920 in May 2016.

<https://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm>

Job Outlook

Employment of pharmacy technicians is projected to grow 9 percent from 2014 to 2024, faster than the average for all occupations. Increased demand for prescription medications will lead to more demand for pharmaceutical services. – **The U.S. Department of Labor**

* More pharmacy technician career information can be found on sites below:

Occupational Outlook Handbook

<https://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm>

Career One Stop

https://www.careerinfonet.org/occ_rep.asp?nodeid=2&optstatus=000110111&next=occ_rep&jobfam=29&soccode=292052&stfips=&level=&id=1&ES=Y&EST=pharmacy+technician+

O*Net Online

<https://www.onetonline.org/link/summary/29-2052.00>

American Society of Health- System Pharmacists

<https://www.ashp.org/>

Louisiana Board of Pharmacists

<http://www.pharmacy.la.gov/>