



**Pharmacy Technician
Program Application Packet
Fall, 2010**



Packet Includes:

- Program Information***
- Application Information, Process and Deadlines***
- Program Prerequisites***
- Immunizations/CPR Flyer***
- Program and College Application Forms***

It is the policy of Chemeketa Community College and its Board that there will be no discrimination or harassment on the basis of race, religion, color, sex, age, national origin, ethnic origin, sexual orientation, gender identity, marital status, citizenship status, pregnancy and related conditions, family relationship, veteran's status, disabilities and tobacco usage in any educational programs, activities, or employment. Person having questions about opportunity/affirmative action should contact the Affirmative Action Officer at 4000 Lancaster Dr. NE, Salem, Oregon 97309-7070, or call 503.399.4784. To request this publication in an alternative format, please call 503.399.5192.

Pharmacy Technician Program Information

The Pharmacy Technician Program is a 9-month, full-time limited enrollment certificate program that admits 24 students in the FALL term only. It is HIGHLY recommended that students make an appointment with a counselor/advisor in the Counseling and Career Services Center (Bldg. 2). Students may continue in the Program after successful completion of the Pharmacy Technician Certificate Program.

Criminal Background Check/Drug Testing

All students admitted to the Pharmacy Technician Program will be required to pass a criminal background check which fulfills the requirements of clinical sites. If a student does not pass the criminal background check, program registration will not be possible. If a student is arrested during the time he/she is enrolled in the Program, he/she must notify the Program Chair of the Pharmacy Technician program of the arrest. The student's status in the Program will be reviewed by the Pharmacy Technician Program Chair and the Associate Dean of Health Sciences, and a possible outcome of the review may be the student's inability to continue in the Program. Students may also be required to submit to a five-panel drug screen urinalysis (UA) prior to spring term practicum placement as requested by practicum sites.

Disclosure of Student Information

In compliance with the Family Educational Rights and Privacy Act (FERPA), Chemeketa Community College releases only very limited information regarding students. All Pharmacy Technician students, including those who have filed a Request for Non-Disclosure of Student Information Form, should be aware that some confidential information may be shared. Contracts with practicum placement sites require that the following information be made available about students placed at these sites: CPR certification, immunization status, TB screening test results, and criminal background check. Students may also be required to submit to a five-panel drug screen urinalysis (UA) prior to spring term practicum placement, and the results of this test will be made available to the requesting practicum site. This information is needed for purposes of student and patient safety. Every effort is made to limit access to confidential student information to those who have a need to know. For more information regarding Non-Disclosure of Student Information, contact the Registrar office at 503 399-2511.

National Program Accreditation

The Chemeketa Pharmacy Technician curriculum is fully accredited by the American Society of Health-System Pharmacists (ASHP) and is the only accredited pharmacy technician program in Oregon.



**American Society of Health-System Pharmacists
7272 Wisconsin Avenue
Bethesda, MD 20814**

Pharmacy Technician Program Fall 2010 Application Information

APPLICATION PROCESS:

Submit the following required materials as a packet to Admissions in Enrollment Services in Building 2:

- ❑ Pharmacy Technician Program Application Form, including verification that you will be at least 18 years of age upon program completion
- ❑ A copy of your high school diploma, or high school transcripts showing graduation date, or GED certificate and/or GED scores
- ❑ A copy of your Placement Test scores (if waiving the reading requirement)
- ❑ Documentation of healthcare-related experience (see Pharmacy Technician Application Scoring Sheet for details)
- ❑ Current College Admission Application Form

College Transcripts:

Applicants may submit transcripts from another college/university to be evaluated. Students must request an evaluation through Enrollment Services, and evaluations may take up to 6 months. **Note:** All courses must be completed with a “C” grade or higher by the end of spring term, 2010.

APPLICATION DEADLINE:

Application packets will be accepted from **Monday, March 29, 2010 to Friday, May 21, 2010**. Any application packets received after May 21, 2010 may be considered if the program has not been filled. Applicants will be notified by Admissions of their status beginning in early July by mail. *It is important that you notify Admissions if you have changed your mailing address.*

IMPORTANT: You are **NOT** an applicant to the Pharmacy Technician Program until you have submitted an application packet that includes all items listed above. **You may submit an application packet BEFORE you have taken all the required prerequisites.** The receipt you receive from admissions is proof of your application submission.

PROGRAM ORIENTATION:

Students who accept an offer of Program Admission **must attend a program orientation in late July** at the Salem Campus. Students will be notified by mail of the date, time and location of the orientation.

QUESTIONS?

Contact Cheryl Buckholz, Program Chair
Pharmacy Technician/Pharmacy Management
Phone: 503.365.4696 – email: Cheryl.Buckholz@chemeketa.edu

**Chemeketa Community College
Pharmacy Technician Program Prerequisite Courses
Program Entry - Fall 2010**

Prerequisite Requirements	Criteria for Fulfilling Requirement
CIS101 Introduction to Microcomputer Applications	<ul style="list-style-type: none"> • CIS101 completed with a C grade or higher taken within the past 5 years (includes College Credit Now); OR • CS101 completed with a C grade or higher taken within the past 5 years (includes College Credit Now); OR • Comparable college level computer science or computer applications course, 3 or more credits, with word processing, spreadsheet, and data base taken within the past 5 years. No high school coursework or other non-college level training will be accepted.
HM120 Medical Terminology 1	<ul style="list-style-type: none"> • HM120 with a C grade or higher; OR • Comparable college transfer course from another institution with a C grade or higher
MTH095 Intermediate Algebra	<ul style="list-style-type: none"> • MTH095 or higher with a C grade or higher • Comparable college transfer course from another institution with a C grade or higher
RD115 Academic Thinking and Reading	<ul style="list-style-type: none"> • RD115 or higher with a C grade or higher; OR • Placement test score for RD120 or higher
WR121 English Composition – Exposition (or higher)	<ul style="list-style-type: none"> • WR121 or higher with a C grade or higher; OR • Comparable college transfer course from another institution with a C grade or higher
Recommended Courses	
CH104, CH105, and CH106 Chemistry for Allied Health; OR CH110 Foundations of General, Organic and Biochemistry	<ul style="list-style-type: none"> • CH104, 105, and 106 with a C grade or higher taken within the past 5 years, OR • CH110 with a C grade or higher taken within the past 5 years; OR • Comparable college transfer course from another institution with a C grade or higher taken within the past 5 years.
BI171 and BI172 Introduction to Human Anatomy and Physiology OR BI231, 232 and 233 Human Anatomy and Physiology	<ul style="list-style-type: none"> • BI171 and BI172 with a C grade or higher taken within the past 5 years; OR • BI231, 232, and 233 with a C grade or higher taken within the past 5 years; OR • Comparable college transfer course sequence from another institution with a C grade or higher taken within the past 5 years

Please note: Chemeketa Community College reserves the right to modify the criteria and process for admission to the Pharmacy Technician program on an annual basis.

**Chemeketa Community College
Pharmacy Technician Program
Application Scoring Sheet
Fall 2010**

**FOR APPLICANT INFORMATION ONLY
(Do not submit this form with your application)**

Prerequisite Grades:	Points Possible	Total Points
<i>* Reading requirement waived with ASSET or COMPASS scores will receive full points.</i>		
<input type="checkbox"/> MTH095 or higher	A = 6 B = 4 C = 2	_____
<input type="checkbox"/> RD115 or equivalent*	A = 4 B = 3 C = 2	_____
<input type="checkbox"/> WR121 or higher	A = 6 B = 4 C = 2	_____
<input type="checkbox"/> CIS101 or equivalent	A = 3 B = 2 C = 1	_____
<input type="checkbox"/> HM120 or equivalent	A = 6 B = 4 C = 2	_____

Chemistry Grades:	Total Points
<i>Students who complete either CH110 or the CH104-105-106 series with a "C" grade or higher will be given 5 additional points.</i>	

Healthcare-Related Experience:	Total Points
<i>Must be documented with a signed letter on office or organization letterhead from supervisor listing length and type of experience.</i>	
<input type="checkbox"/> Employment or military service in a pharmacy-specific field (3 pts.)	
<input type="checkbox"/> Employment or military service in a health-related field (2 pts.)	
<input type="checkbox"/> Job shadow in a pharmacy - minimum 8 hours (1 pt.)	_____

Qualified Pharmacy Technician Program applicant from previous year (4 points)	Points

Total Possible Points: 40 points Applicant Score: _____/40

In the event of a tie, the following tiebreakers will be applied in the order listed below:

1. Legal residence in the Chemeketa Community College service district
2. A grade of "A" in MTH095 or higher
3. Cumulative GPA from Chemeketa Community College
4. Random selection



Health Sciences TB Screening, Immunizations, CPR Requirements, & Health Exams

Oregon state law requires that all persons working in healthcare facilities be screened for tuberculosis (TB). Regulations from the Oregon Occupational Safety and Health Administration require students in healthcare occupations to be immunized for hepatitis B. In addition, clinical facilities require proof of current immunization against tetanus, diphtheria, varicella (chicken pox), rubella, mumps, and rubeola.

All reports of TB screening and immunization status must be on official records, signed by a qualified healthcare professional, and must be complete before you are eligible to register for Health Sciences courses. **The following are due by August 2, 2010, but may be submitted any time before that date.**

- 1) **TB screening report.** Screening shall consist of a Mantoux PPD Tuberculin skin test administered and **read after July 1, 2010.**
Note: the written report of a TB skin test must include the results of the test as read by a health professional. Be aware that the results take 48 hours to obtain. Upon entry, those with positive reactions to the skin test, or with a history of known positive reactions, must submit a recent medical evaluation certifying that they do not have active infectious tuberculosis. Students continuing from first to second year, who were positive reactors upon program entry, must complete a TB risk factor self-evaluation form (available in the Associate Dean's office) and may need a recent medical evaluation certifying that they do not have active infectious tuberculosis.
- 2) **Proof of current immunizations** shall consist of written documentation of:
 - a. **Td—Tetanus and Diphtheria** vaccination within the last ten years, **OR**
Tdap—Tetanus, Diphtheria and Pertussis. It is recommended that adults receive a single dose of Tdap to replace a single dose of Td. To protect against pertussis, Tdap may be given at an interval shorter than 10 years since receipt of the last dose of Td.
 - b. **Measles, mumps, and rubella: two doses** of MMR vaccine (reported by month and year of each dose) administered at least 30 days apart with first dose on or after the first birthday, **OR 2)** physician-documented disease, **OR 3)** positive titer.
 - c. **Hepatitis B—1)** Series of three injections **OR 2)** positive titer. At least the first injection is required before registration for fall term. Be aware that the recommended minimum timeframe between the first and the second injection is one month and between the second and third injection is six months. The series of three must be completed by March 31, 2011.
 - d. **Varicella (chicken pox)—1) one dose** if vaccine was received before age 13, **OR 2) two doses** if vaccine was received after age 13, **OR 3)** physician-documented disease **OR 4)** positive titer.

NOTE: Immunization requirements are subject to change. Updated information will be included with student program letter of acceptance.

Exemptions to the requirements for immunizations may be claimed by students for medical or religious reasons.

- a. Medical exemption requires a written statement signed by an appropriate healthcare professional that identifies the specific contraindication(s) for receiving the immunization(s).
- b. Religious exemption requires a written statement signed by the student claiming the exemption that they are not immunized because they are an adherent to a religion the teachings of which are opposed to such immunization.

Note: Students who exempt themselves from the vaccination requirements should be aware that circumstances may arise that would require their exclusion from clinical and/or classroom settings. Also, illness that may result from lack of immunizations may prevent students from attending class or clinical sessions. Either exclusion from clinical and/or class or missed time due to illness may result in an inability to meet course requirements and, therefore, the need to drop out of a Health Sciences Program.

- 3) **Current (dated after July 1, 2010) CPR certification.** The only two cards accepted are American Heart Association, **Healthcare Provider Level OR** American Red Cross “**CPR for the Professional Rescuer.**”
- 4) Medical evaluations of physical capacity **may** be necessary to provide information needed to accommodate functional limitations. When needed for this purpose, reports of an examination conducted by a licensed healthcare professional may be required from students. Students requesting accommodations should make an appointment with Rebecca Bolante in the College's Office for Services for Students with Disabilities (503 399-5276).

Reports of the above requirements may be submitted to Karen Haury, Building 8, Room 149, Salem campus anytime after acceptance into your Health Sciences Program, but no later than August 2, 2010. They may be mailed, delivered in person Monday-Thursday between the hours of 8:00 a.m. and 5:00 p.m., or faxed to 503 399-5113.

**Chemeketa Community College
Pharmacy Technician Program Application Form
Fall, 2010**



Name (Print): _____

Address (Print): _____

City, State, Zip (Print): _____

Telephone Number (Include area code): _____

Student ID/K#: _____

I have attached the following documents to this application form:

1. A current College Admission Application Form for 2010-2011
2. A copy of my high school diploma, or high school transcripts showing graduation date, or GED certificate and/or GED scores
3. A copy of my Placement Test scores (if waiving reading course)
4. College transcripts (unofficial transcripts are accepted for application review)
5. Documentation of healthcare-related experience

- I have detached the Program Application Information accompanying this form and will retain it for my reference.
- I will be at least 18 years of age upon completion of the Pharmacy Technician program for the 2010-2011 academic year.
- I have read and accept the statement on page 2 regarding a) disclosure of student information to practicum sites; b) criminal background check; and, c) possible drug screening.
- I have read and understand the requirements regarding immunizations and CPR certification.
- I understand that an offer of admission to the Pharmacy Technician program for this fall is dependent on my having completed all prerequisite courses required with at least a "C" grade. I also understand that if I qualify for admission, I will be placed on a Pharmacy Technician program admission or alternate list based on the evaluation of my application packet. I have noted that if offered admission, I will attend the program orientation in August.
- I hereby attest that all of the documentation I have submitted with this packet is accurate and authentic.

Signature: _____ Date: _____



PLEASE USE BLUE OR BLACK INK



Providing your social security number is voluntary. If you provide it, the college will use your social security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your social security number will not be given to the general public. If you choose not to provide your social security number, you will not be denied any rights as a student. Please read the statement on the inside back cover of the schedule of classes which describes how your number will be used. Providing your social security number means that you consent to use of the number in the manner described. Contact the Admissions Office for additional information.

Term I plan to enroll at Chemeketa Community College (choose one):
 Summer (June) Fall (Sept.) Winter (Jan.) Spring (March) 20

Social Security Number or ID Number

First Name Middle Name

Last Name

Former Last Name

Mailing Address

City State Zip Code

Daytime Phone Number - - Evening Phone Number - - Date of Birth (mm/dd/yyyy) / / Age

Email Address (Preferred)

I plan to enroll in the following courses at CCC (check all that apply):
 Noncredit Credit

Will you have lived in Oregon for the 90 days just prior to the term you begin?
 Yes No

Are you a United States Citizen?
 Yes No

Please choose one: (voluntary) American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander White

Gender: Male Female

Do you plan to earn a degree/certificate/diploma at Chemeketa Community College? (Choose one)
 Yes, certificate or associate degree
 Yes, high school diploma or GED
 No, here to take classes
 Undecided

High School Name (no abbreviations please)

City State

Select a major code from the list on the reverse side of this form that best describes your area of study or area of interest: **PRPH**

I have completed high school as follows: (choose one)
 Did not complete high school Still in high school High School Graduate Year: GED Year: Alternative high school diploma
 Certificate of Initial Mastery Certificate of Advanced Mastery External diploma program Attendance completion Proficiency exam

Name of last college attended other than Chemeketa

City State

Prior to Chemeketa, I have completed college as follows: (choose one)
 Have not attended college Associate degree
 Short-term training, private vocational school award, or other Bachelor's degree
 One-year certificate from a community college Master's degree
 Doctorate or professional degree

Pick the one MAIN reason you are here this term: (Choose one)
 Take classes to transfer to a 4-year college Learn skill to get a job Improve Job Skills
 Explore career or educational options Take classes to finish high school or GED Improve writing, reading, or math skills
 Learn English Personal Enrichment Other

Are you currently employed? (Choose one)
 Yes, 35+ hrs/wk Yes, under 35 hrs/wk
 No, not at this time Retired

Chemeketa Community College releases only very limited information regarding students: enrollment status, dates of enrollment, degree or certificate, program of study, athletic statistics, or honors awarded. If you do NOT want any person outside the college, including prospective employers, to know any of these, you must file a Request for Non-Disclosure of Student Information Form with Admissions.

I certify that all statements on this application are complete and true. I also understand that if I am admitted and do not enroll for the term to which I am admitted, I will need to reapply for admission. Submitted materials will not be returned nor duplicated.

Signature: X _____ Date: _____

Please send this form to:
 Enrollment Services • Bldg. 2-200 • Chemeketa Community College • PO Box 14007 • Salem, OR 97309-7070
 Phone: 503.399.5006 Fax: 503.399.3918
www.chemeketa.edu



Chemeketa Community College is an equal opportunity, affirmative action institution.