



Professional Pharmacy Technician Programs

Your Prescription for Career Success.

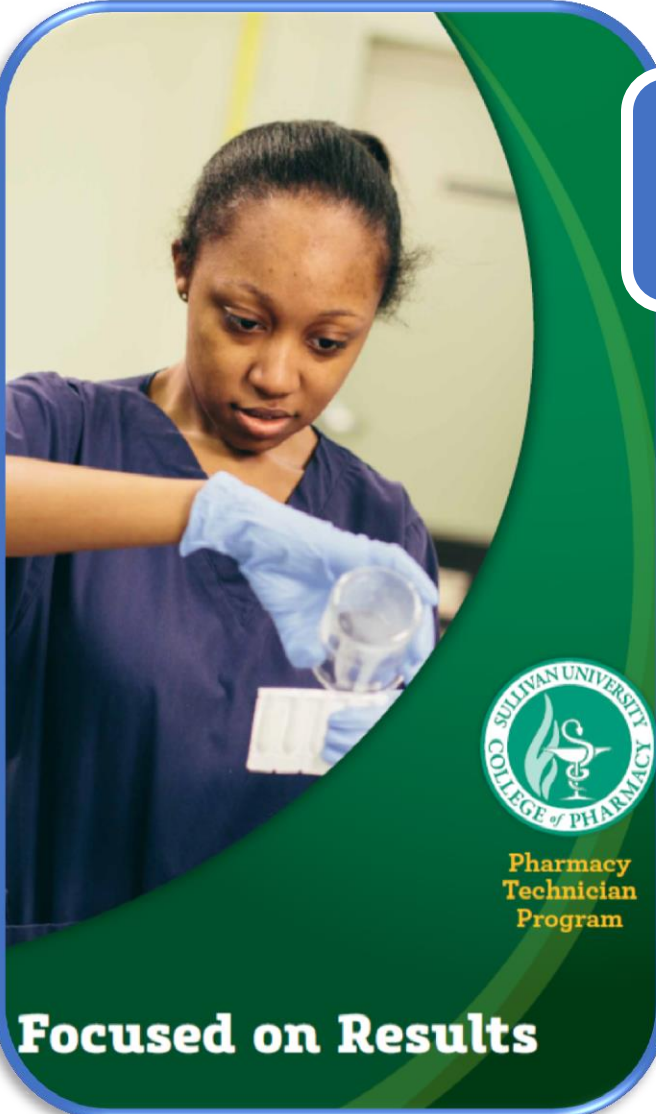
The Bureau of Labor Statistics estimates that the pharmacy field will **expand by 32%** before 2018. If you have an interest in both health care and customer service, this surge in demand can open up a career as a Pharmacy Technician. And the best way to **take advantage of this increased demand** is with a **Professional Pharmacy Technician Degree from Sullivan University**. The program is short and will have you trained quickly.

Pharmacy Technicians work under the direct supervision of pharmacists to prepare medications to dispense to patients in a variety of settings. Responsibilities vary depending on the particular area of pharmacy where they're employed, but may include ordering supplies, maintaining patient records, billing, and maintaining inventory.

Technicians generally receive and review prescriptions or medication orders for completeness and accuracy, perform data entry, and may also be required to mix pharmaceutical preparations for sterile and non-sterile administrations.

While the amount of time it takes to earn any degree depends on the student, Sullivan's Professional Pharmacy Technician Diploma can be completed in as little as 12 months – and the Professional Pharmacy Technician Associate of Science degree can be completed in as little as 18 months.

Continue reading through our Admissions Packet to find out what makes the Sullivan University program so unique!



Why Sullivan University for Professional Pharmacy Technician Programs

- We are one of only four **ASHP accredited** programs in the entire state.
- We are part of the **College of Pharmacy**, with access to the same equipment and facilities – one of a handful of programs in the nation associated with a College of Pharmacy.
- We have **2 simulated labs** for the program:
 - Community Pharmacy
 - Institutional Pharmacy
- We use real medications for **hands-on learning**, with real computer software that students may encounter during their externships.
- We have access to the College of Pharmacy's **Drug Information Center**.
- Provide students **real-life experience** through our externship. Students are required to complete two rotations of 100 hours each. They will spend one rotation in a community setting and one rotation in an institutional setting, like a hospital.
- We have contracts with **over 10 local hospitals** or institutional settings and **over 30 community settings**.
- We pay for each student to take the national **Pharmacy Technician Certification Exam** once.

Requirements for the Professional Pharmacy Technician Associate Degree

COURSE #	TITLE	CREDIT HOURS
COM214	Public Speaking	4
CSC118	Computer Applications I	4
ECO201	Microeconomics	4
ENG101	Composition I	4
ENG 102	Composition II	4
FYE101	Information Literacy	4
AOM105	Keyboarding Essentials	4
MSS104	Medical Terminology	4
MSS154	Health & Safety Techniques	4
MTH101	College Mathematics	4
PTH101	Intro to Pharmacy Technicians	4
PHT103	Anatomy & Physiology	4
PHT105	Pharmaceutical Calculations	4
PHT150	Pharmacotherapeutics I	4
PHT151	Pharmacotherapeutics II	4
PHT201	Pharmacy Law & Ethics	4
PHT203	Community Pharmacy Operation	4
PHT204	Institutional Pharmacy Operation	4
PHT205	Principles of Customer Service	2
PHT 206	Sterile Compounding	4
PHT 208	Nutrition, Health & Wellness	4
PHT 209	Medication Safety	2
PHT 299	Pharmacy Externship	4
PSY 214	Introduction to Psychology	4
Total		92

Requirements for the Professional Pharmacy Technician Diploma

COURSE #	TITLE	CREDIT HOURS
CSC118	Computer Applications I	4
ENG101	Composition I	4
FYE101	Information Literacy	4
AOM105	Keyboarding Essentials	4
MSS104	Medical Terminology	4
MSS154	Health & Safety Techniques	4
MTH101	College Mathematics	4
PTH101	Intro to Pharmacy Technicians	4
PHT103	Anatomy & Physiology	4
PHT105	Pharmaceutical Calculations	4
PHT150	Pharmacotherapeutics I	4
PHT151	Pharmacotherapeutics II	4
PHT201	Pharmacy Law & Ethics	4
PHT203	Community Pharmacy Operation	4
PHT204	Institutional Pharmacy Operation	4
PHT205	Principles of Customer Service	2
PHT 206	Sterile Compounding	4
PHT 209	Medication Safety	2
PHT 299	Pharmacy Externship	4
Total		72



Our Mission

- Our mission is to train students to provide outstanding, ethical and empathetic pharmacy care, to serve the health care needs of the community and the individual patient, to expand the scope of practice of pharmacy technicians in community settings, hospitals, managed care facilities and government agencies, and to be compassionate patient advocates and leaders in their communities.

Job Outlook

- Currently there is a very strong labor market for pharmacy technicians. According the Bureau of Labor Statistics employment of Pharmacy Technicians is expected to increase by 20% (Much faster than the average) from 2012 – 2022. Job openings for Pharmacy Technicians with more training, experience, and certification are especially expected to be good.
- Community Pharmacies are the top employer of Pharmacy Technicians, with about 75% of the available jobs are in retail settings. In 2010 the Bureau of Labor Statistics found that the average wage for all pharmacy technicians was \$14.10 per hour, with a yearly income of \$29,320. To check the current pay for pharmacy technicians visit the Bureau of Labor Statistics website at **www.bls.gov**.

State Registration

- To work as a technician in the State of Kentucky currently you are only required to be registered with the state. State registration is only good for one year and must be renewed by March 31st every year. There is a fee of \$25 to complete the state registration process. To register with the state you can click on the following link:
- <http://pharmacy.ky.gov/Kentucky+Pharmacy+Technician+Registration.htm>**
- (For other state requirements you will need to visit that specific state's Board of Pharmacy website. To look up your state's Board of Pharmacy go to the National Association of Board of Pharmacy's website at **www.nabp.net**).

National Certification

- There are currently two organizations that administer certification exams for Pharmacy Technicians, 1) The Pharmacy Technician Certification Board (PTCB), and 2) The Institute for the Certification of Pharmacy Technicians (ICPT). PTCB is currently the only nationally accepted certification exam.
- Requirements to take the certification exam include:*
 - High school diploma or its equivalent (e.g., a GED or foreign diploma)
 - No felony convictions
 - No drug or pharmacy related convictions, including misdemeanors. These violations must be disclosed to PTCB
 - No denial, suspension, revocation, or restriction of registration or licensure, consent order or other restriction by any State Board of Pharmacy. No admission of misconduct or violation of regulations of any State Board of Pharmacy.
- Technicians must be recertified every 2 years, requiring 20 hours of continual education with a minimum of 1 hour in pharmacy law. Continuing education hours can be obtained from colleges, pharmacy associations, and even on the job.
- Once a technician passes the Pharmacy Technician Certification Exam (PTCE), he/she can use the designation of CPhT (Certified Pharmacy Technician). The application fee is currently \$129. Check the PTCB website for the any changes in fees or processes at **www.ptcb.org**.

Technical Standards and Essential Functions for Admission:

The technical standards for admission set forth by the Faculty of the Pharmacy Technician Program outline the nonacademic abilities considered essential for students to achieve the level of competence required in order to obtain a diploma or degree in the Pharmacy Technician Program. The following technical standards and essential functions outline reasonable expectations of a student in the Pharmacy Technician Program for the performance of common pharmacy technician functions. The pharmacy technician student must be able to apply the knowledge and skills necessary to function in a variety of classroom, lab and/or clinical situations while providing the essential competencies of pharmacy technicians. These requirements apply for the purpose of admission and continuation in the program.

The students must **demonstrate the following abilities:**

Categories of Essential Functions	Definition	Example of Technical Standard
Observation	✓ Ability to participate actively in all demonstrations, laboratory exercises, and clinical experiences in the professional program component and to assess and comprehend the condition of all clients assigned to him/her for examination, diagnosis, and treatment. Such observation and information usually requires functional use of visual, auditory, and somatic sensations.	Visual (Corrected as necessary): <ul style="list-style-type: none"> • Able to visually discriminate increment readings on syringes • Able to read instrument scales • Able to enter and review data during use of computer equipment • Able to visually discriminate different colored shaped objects • Recognize and interpret facial expressions and body language • Assess the environment at a distance Auditory (Corrected as necessary): <ul style="list-style-type: none"> • Recognize and respond to soft voices or voices under protective garb • Recognize and respond to voices over the telephone, via speaker, or from microphone speaker in a drive-thru
Communication	✓ Ability to communicate effectively in English using verbal, non-verbal and written formats with faculty, other students, clients, families and all members of the healthcare team.	<ul style="list-style-type: none"> • Able to elicit information • Assess nonverbal communications • Transmit information to clients, fellow students, faculty and staff, and members of the health care team • Receive, write and interpret written communication in both academic and clinical settings
Motor	✓ Sufficient motor ability to execute the movement and skills required for safe and effective care and emergency treatment	<ul style="list-style-type: none"> • Eye-hand coordination and finger dexterity required to achieve the psychomotor objectives (use of a spatula & table counter, mortar & pestle, balance and weight set, needles, syringes, and the skills of counting and pouring) • Lift up to 50 pounds • Stand for long periods of time (8-12 hours)
Intellectual	✓ Ability to collect, interpret and integrate information and make decisions.	<ul style="list-style-type: none"> • Read and comprehend relevant information in textbooks, prescriptions and medication orders, medical records and professional literature • Measure, calculate, reason, and analyze and synthesize • Utilize intellectual abilities, exercise good judgment and complete tasks, within required time limits • Retain information • Apply knowledge to new situations and problem solving scenarios

Categories of Essential Functions	Definition	Example of Technical Standard
Behavioral & Social Attributes	<ul style="list-style-type: none"> • Possess the emotional health and stability required for full utilization of the student's intellectual abilities, exercise good judgment, the prompt completion of all academic and patient care responsibilities and the development of mature, sensitive & effective relationships with clients and other members of the health care team. • Possess the ability to tolerate taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in clinical settings with patients. • Possess compassion, integrity, concern for others, & motivation. • Possess the ability to demonstrate professional behaviors & a strong work ethic. 	<ul style="list-style-type: none"> • Manage heavy academic schedules and deadlines • Perform in fast paced clinical situations • Display flexibility • Sustain professional activities for protracted periods under conditions of physical and emotional stress • Demonstrate emotional health required for full utilization of intellectual abilities and exercise of good judgment • Demonstrate integrity, concern for others, interpersonal skills, interest and motivations • Accepts responsibility and accountability for one's own actions • Develop mature, sensitive and effective relationships with clients and others • Comply with the professional standards of the pharmacy profession

Qualified applicants with disabilities are encouraged to apply to the program. It is the responsibility of the student to contact Student Services if they believe they cannot meet one or more of the technical standards listed. Each Sullivan University campus offers support services for students with documented physical or psychological disabilities. Students with disabilities **must** request reasonable accommodations through the Student Services Office on the campus where they expect to take the majority of their classes. Students are encouraged to do this no later than three weeks before the start of each quarter.

The Pharmacy Technician program established technical standards and essential functions to insure that students have abilities required to participate and potentially be successful in all aspects of the respective programs. Students are required to meet technical standards and essential functions for the Pharmacy Technician Program as indicated above. If an applicant or student is unable to **meet all of the outlined standards**, he/she may be withdrawn from the program.

POLICY FOR PHARMACY TECHNICIANS & COLLEGE OF PHARMACY ADMISSIONS

Students in the Pharmacy Technician Program of Sullivan University who wish to be considered for admission into the Doctor of Pharmacy Program must either be citizens of the United States or permanent residents holding a Green Card.

In addition, if the prospective student meets the following requirements, he /she will be granted an interview for possible admission into the College of Pharmacy:

- The student must have successfully completed the Pharmacy Technician Program with Honors (Grade Point 3.0 or higher).
- The student must have completed all the required Pre-Pharmacy Courses at an approved college or university in accordance with the College of Pharmacy Admission Requirements as listed on the College of Pharmacy website. (www.sullivan.edu/pharmacy)
- The prospective student must submit an application and all supporting documentation required of all applicants to the College of Pharmacy.
- It should be noted that the granting of an interview is not a guarantee of admission into the College of Pharmacy as admission is both selective and competitive and based upon additional criteria has outlined on the College of Pharmacy web site.



Professional Pharmacy Technician Programs

Admissions Acceptance Requirements:

- ✓ High School Diploma or GED
- ✓ Application for Admission
- ✓ Successful Completion of the APA, or SAT or ACT
- ✓ Background check must be completed and free from any felony convictions and drug abuse charges
- ✓ Interview

Medical requirements:

1. Physical Examination
2. PPD skin test/Chest X-ray if positive
3. Proof of adequate titers or immunizations for:
 - Measles
 - Mumps
 - Rubella
 - Hepatitis B
 - Varicella (if have not had chickenpox)
 - Tetanus

Additional Requirements:

- Agree to initial drug screening test and random periodic screenings throughout the program and externship

For a summary of your rights under the Fair Credit Reporting Act, please visit:

<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre01.shtm>

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I have read and understand the acceptance requirements for the Pharmacy Technician Program. I understand that after acceptance, if it is discovered that I failed to inform the University about past criminal activity on my application, e.g. misdemeanors, including DUI or felonies, I will be reviewed for unprofessional/unethical conduct, and I may be dismissed from the program.

Print Name

Date

Signature

Release and Consent Form

(Release and Consent Form for Students)

Certiphi Screening, Inc. (a Vertical Screen® Company)
1105 Industrial Highway, Southampton, PA 18966

Authorization and Instructions for Issuance of Consumer Report

I hereby authorize and instruct Certiphi Screening, Inc. (a Vertical Screen® Company)
(Hereinafter, "Certiphi") to produce a consumer report on me containing the following information:

1. Education history
2. Employment history
3. Social Security number and verification
4. Address verification
5. Professional license verification
6. Criminal history
7. State/Federal program exclusion (OIG)

Copies of the report(s) shall be provided to me and to the _____ (hereinafter, the "School"). I understand that the purpose of procuring such report is for the School's use in connection with my education, including but not limited to placement in clinical programs. I have been given a written summary of my rights under the Fair Credit Reporting Act, and I understand that in the event the School uses any information contained in the consumer report in any adverse decision, before making such decision I will be so advised and provided with another copy of the report as well as a second written summary of my rights under the Fair Credit Reporting Act.

By signing below I also am authorizing all entities having information about me, including present and former employers, criminal justice agencies, and departments of motor vehicles, schools, and credit reporting agencies, to release such information to:

Certiphi Screening Inc.
Attn: Consumer Disclosure
P.O. Box 541
Southampton, PA 18966
(800)260-1680

This release and authorization shall remain valid and in effect during the period in which I am enrolled at the School.

PLEASE PRINT ALL NEEDED INFORMATION CLEARLY AND LEGIBLY.

Date Authorized Signature

Full Name: _____
First Middle Last
(PRINT LEGIBLY)

** Please list other names or aliases including maiden names: _____

** Date of Birth _____ ** Social Security #: _____

Current Address	City	State	Zip Code
Previous Address	City	State	Zip Code
Previous Address	City	State	Zip Code
Previous Address	City	State	Zip Code
Previous Address	City	State	Zip Code
Previous Address	City	State	Zip Code

The Sullivan University System

Background and Drug Screening Acknowledgement, Consent and Release

By my signature below, I give permission to the Sullivan University System, Inc. to conduct a background investigation on me as a requirement for my acceptance into the Pharmacy Technician Program. I understand that this background investigation may include verification of all information that I have provided, review of past driving records, and inquiry into criminal history.

I understand that I may be accepted into the Pharmacy Technician Program based on information contained in the criminal background check.

I authorize any agent, attorney or representative of The Sullivan University System to receive a copy of any information maintained by any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I agree to fully cooperate in The Sullivan University System's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. If any federal, state or local government agency will not release reference information or criminal history information directly to The Sullivan University System, I agree to personally request such information to the extent permitted by law. I hereby release those individuals and agencies from all liability and damages whatsoever in responding to inquiries and providing such information.

I hereby further release The Sullivan University System, its agents, officers, board, and employees from any and all claims, including but not limited to, claims of defamation, invasion of privacy, wrongful dismissal, negligence, or any other damages of or resulting from or pertaining to the collection of this information.

I hereby certify that all information supplied by me to The Sullivan University System is true, complete and accurate. I understand that any falsification or willful omission of fact made in this document or any other documentation provided to The Sullivan University System or in connection with any background investigation may result in denial of my acceptance into the Pharmacy Technician Program.

I agree that a photocopy or facsimile of this authorization may be accepted with the same authority as the original.

I understand the meaning of this Release Authorization form, and I and/or my parents or legal guardian(s) have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this release and consent solely as a condition for consideration into the Pharmacy Technician Program.

For those under the age of 18: By signing below, together with my parent(s) or guardian approval, I hereby authorize all entities having information about me, including criminal justice agencies, departments of motor vehicles, and licensing agencies, to release such information to the Sullivan University System. I acknowledge and agree that this Release and Authorization shall remain valid and in effect during the term of my contract.

- **I HAVE been convicted of a misdemeanor _____ or a felony: _____** (Initial only if you **HAVE** been convicted and attach an explanation including the type of violation, the date, circumstances, location and the complete penalty received. You must include all misdemeanor and felony convictions, regardless of the age of the conviction. Traffic violations of \$500 or less need not be reported.)
- **I HAVE NOT been convicted of a misdemeanor or a felony: _____** (Initial only if you **HAVE NOT** been convicted)

Student's Printed Name

Social Security Number

Date of Birth

Student's Signature

Date

Phone Number

Student's Address:

Street Address

City

State

Zip Code

PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT AND AUTHORIZATION

The undersigned parent(s) and or guardian(s) of the applicant/employee hereby agree with the applicable statements in this RELEASE AUTHORIZATION. By signing below, I/we fully provide consent on behalf of my/our minor child to authorize a background check for purposes of this Release.

Parent Name or Guardian Signature

Parent Name or Guardian Signature

Date



Pharmacy Technician Program



I _____ understand that I am responsible for reading and understanding all of the materials included in this packet. I also understand that if I am accepted into Sullivan University's Pharmacy Technician Program, and if I am unable to comply with the terms stated above, that I may be dismissed from the Pharmacy Technician Program.

Print Name

Date

Signature