Application: Pharmacy Technician
Jefferson Community College (JCC) Continuing Education Division in partnership with Condensed Curriculum International (CCI) is offering a Pharmacy Technician 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
March 6 – April 24, 2017
6:00 – 9:30 p.m.
$999 (textbooks included)
Application deadline: February 3, 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 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 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: (____)________________________

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.)

____________________________________________________________________________

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____________________________________________________________________________

Give names and address of the persons to 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**

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<td>Special Certification</td>
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**Employment**

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Statement of Interest

Please explain why you wish to be accepted into the Pharmacy Technician training program.

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Applicant’s Name  ________________________________  Date________________
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.

☐ Two letters of recommendation in sealed envelopes.