Pharmacy Technician Certification Training

Pharmacy Technicians are entry-level personnel who work in many different pharmacy settings within the healthcare industry. They assist the pharmacist to enter patient data and information into the computer system to process prescriptions.

Course Description
This noncredit training prepares the student for entry level employment as a pharmacy technician. The course provides 105 hours of classroom instruction and 60 hours of externship experience. Class meets twice a week for 28 sessions; each 3.5 hours in length. The 60 hours of externship experience follows the classroom experience. Students will learn about the top medications dispensed in the United States and be introduced to the basic concepts of pharmacy calculations for proper medication dispensing.

Prerequisites required at time of registration:
- Student must be at least 18 years of age
- High school diploma or a High School Equivalency Certificate
- Achieves a minimum score of 8.9 on both Vocabulary and Comprehension tests and a minimum score of 7.0 Mathematics Concepts and Application on the Tests of Adult Basic Education (TABE).
- Family Care Safety Registry-Worker Registration letter. The letter cannot be older than 6 months. You must bring the letter from DHSS not proof of payment. Register online at http://www.dhss.mo.gov/FCSR/

Clinical and Field Work:
Some degree and certificate programs offered by the college require students to obtain clinical or other field experience as part of their course work. Students with criminal convictions or drug use may have difficulty progressing in these programs. Hospitals and facilities may mandate that a criminal background check and/or drug screening check (at the student’s expense) may be conducted prior to placement in a clinical or field setting. Students not passing these checks may be prohibited from participating in the clinical or field experience thus rendering the student ineligible to satisfactorily meet the course/program requirements.

Requirements completed by first week of class:
- American Databank criminal background check and 5 panel drug screen
- Physical exam/immunizations/Two-step PPD/Hepatitis B immunization series or signed waiver
- AHA Healthcare Provider CPR certification

Certification: The pharmacy technician program prepares for TWO national certification exams, ExCPT and PTCB.

Expenses:
Expenses the Pharmacy Technician student will incur but not limited to:
- Fee is $2100.
- TABE Test is $11. Retest is additional $11.
- Family Care Safety Registry is $11.
- American Databank criminal background check cost is variable.
- 5 Panel Drug Screen is $30.
- Physical Exam/immunizations/Two-step PPD/Hepatitis B Immunization series cost is variable.
- AHA Healthcare Provider CPR certification is $65 (cost at St. Louis Community College).
- Class room supplies

Pharmacy Technician - Fee: $2100
AHCE:786  Section C01
Monday/Wednesday
June 17-October 23; 6-9:30 pm
Corporate College, 276
No class 9/2

For more information, call 314-984-7777

In Person, at the Office of Continuing Education, St. Louis Community College - Forest Park

www.stlcc.edu/ce
Pharmacy Technician Certification Training

Withdrawal and Refunds:
Requests for withdrawal must be submitted in writing at the Forest Park campus, G Tower - 322-324.

You will receive a 100 percent refund if the class is dropped one business day before the first meeting. A 50 percent refund will be given if the class is dropped between one business day before the first class meeting and prior to the second meeting of class; **After the second class meeting, no refunds will be given.**

Calculation of refunds will be based on the date the written request is received by the office. If you have a situation that warrants an override of the stated policy, an explanation of the circumstances must be submitted in writing.

Accommodations Statement
St. Louis Community College is committed to providing access and reasonable accommodations for individuals with disabilities. If you have accommodation needs, please contact the Continuing Education Access office at the Meramec campus at least six weeks prior to the start of class to request accommodations. Event accommodation requests should be made with the event coordinator at least two working days prior to the event. Documentation of disability may be required. Contact Anne Marie Schreiber at 314-984-7704.

All information is subject to change

Notice of Non-Discrimination
St. Louis Community College is committed to non-discrimination and equal opportunities in its admissions, educational programs, activities and employment regardless of race, color, creed, religion, sex, sexual orientation, national origin, ancestry, age, disability, genetic information or status as a disabled or Vietnam-era veteran and shall take action necessary to ensure non-discrimination. For information contact:

Corporate College
Lesley English-Abram, Manager, Employment and Training Program
STLCC Corporate College, 3221 McKelvey Road, Bridgeton, MO 63044
314-539-5480

How to Register for Pharmacy Technician Certification Training

Registration for this class is in person only.
- Registration begins May 6, 8:30 a.m.
- Complete the registration form (below) and bring with you to the Forest Park Campus, G Tower, 322-324.
- Proof of Age (must be at least 18 years of age)
- High School Diploma or a High School Equivalency Certificate
- Proof of achievement of a minimum score of 8.9 on both Vocabulary and Comprehension tests as well as a minimum score of 7.0 Mathematics Concepts and Application on the Tests of Adult Basic Education (TABE)
- Family Care Safety Registry-Worker Registration letter. This letter cannot be older than 6 months. You must bring the letter from DHSS, not proof of payment. Register online at http://www.dhss.mo.gov/FCSR

Contact us at 314-984-7777 with any questions.

Bring ALL prerequisites required at time of registration (listed on page 1)
Payment is due at the time of registration

Registration form

Please print in ink.

Email Address: ____________________________
Soc Sec No or UIN: ____________________ Birthdate: __________
Name: ____________________________
LAST ____________________________ FIRST ____________________________ MIDDLE INITIAL
Address: ____________________________ STREET OR POST OFFICE BOX ____________________________
CITY ____________________________ STATE ____________________________ ZIP CODE __________
Telephone/Home: ____________________________ Work: ____________________________

Credit Card Payment:
Charge fees to: □ MasterCard □ VISA □ Discover □ American Express

CARD NUMBER ____________________________ Expiration Date: __________
Signature: ____________________________

Please register me for the following courses:

Course Code | Section | Course Title | Day/Time | Fees |
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Total