

Thank you for your interest in the Pharmacy Technician Program at Rolesville High School.

This intensive course is designed to prepare the student to pass the national Pharmacy Technician Certification Exam (PTCE). It is a self-paced, on-line course. The course is administered by Pass Assured. It is recommended that students be seniors due to the age/graduation requirements for work and the exam. Because students must be high school graduates to sit for the PTCE, the course will be offered during the spring semester of 2018-2019. If the candidate sits for and passes the PTCE, he or she may then use the designation of CPhT or Certified Pharmacy Technician.

**Course prerequisites include Algebra 1/NC Math 1, Health Science I, and Health Science II.**

Topics covered include Orientation to Pharmacy Technician, Federal Law, Medication Review, Aseptic Technique, Calculations, and Pharmacy Operations. Additional modules on Employability Skills, Confidentiality/HIPAA, Communication Skills, and Job Shadowing (optional) are included in the course.

1. Each student must have access to a computer with earphones. The program works best with the Internet Explorer interface.
2. Students participating in the course will sit for the national exam (PTCE). The certification exam costs approximately \$129 per student.
3. PTCE applicants must not be convicted felons and must pass a legal background check.

Students must be high school graduates to sit for the PTCE. Students are encouraged to schedule the PTCE as soon as possible after graduation in order to maximize their potential for successful completion of this exam.

Thank you for your interest in the Pharmacy Technician Program. Please see Mrs. Farrell, with additional questions.

**Due to the limited number of seats for this course (10), the application process will be highly competitive. Please complete the application in its entirety and return to Mrs. Farrell, or Student Services by 2:30 pm on March 29, 2018. No exceptions.**



## Pharmacy Technician Application 2018-2019

**You must return this application to Mrs. Farrell, or Student Services by 2:30 pm on March 29, 2018. No exceptions.**

**Student Information:**

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Current GPA - Weighted \_\_\_\_\_ Unweighted \_\_\_\_\_

List your health career interest/career goals in priority order:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

List any special recognition, awards or special skills:

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Why do you want to enroll in this course? How is it related to your future goals?

*(Please type your response in 500 words or less, attach your response to this application.)*

**Please provide signatures of three teachers that will attest to your ability to participate in the Pharmacy Technician Honors course.**

| Signature | Printed Name |
|-----------|--------------|
| (1) _____ | _____        |
| (2) _____ | _____        |
| (3) _____ | _____        |

Please initial the appropriate response for each statement below.

\_\_\_\_\_ I understand that I must have completed Health Science II prior to enrolling in the Pharmacy Technician program.

\_\_\_\_\_ I understand the course will be offered online and may require work outside of the classroom, therefore I will have internet access outside of the classroom.

\_\_\_\_\_ I understand I will be required to pay the \$129 fee for the PCBT in order to take the Certification exam. Wake County pays the course tuition, but students must pay to take the certification exam.

\_\_\_\_\_ I have not been convicted of a felony, or any other infraction concerning alcohol or other drugs.

**Student Statement:**

I, \_\_\_\_\_, understand this course will be rigorous and will require motivation and commitment. I will be on time and consistently participate in class. I agree to behave in a professional manner at all times. In addition, I will report any questionable happenings while participating in this course to my school and the instructor of the course.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby certify that the information on this application is true and accurate to the best of my knowledge.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

## Parent/Guardian Agreement Form

### Parent(s)/Guardian(s) Information:

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Address (if different than student's) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Number \_\_\_\_\_

### TO BETTER UNDERSTAND YOUR STUDENT, THE FOLLOWING INFORMATION WOULD BE HELPFUL:

Student's Name \_\_\_\_\_

1. What careers or occupations has your son or daughter expressed a desire to enter?

(a) \_\_\_\_\_ (b) \_\_\_\_\_

(c) \_\_\_\_\_ (c) \_\_\_\_\_

2. At present, in what occupation does he/she seem to be most interested?

\_\_\_\_\_

3. Does your son/daughter have your approval for this course?

\_\_\_\_ your full approval

\_\_\_\_ you are undecided

\_\_\_\_ does not have my approval

\_\_\_\_ you would like additional information about the course of study

4. Do you feel this course will be helpful to your child in relation to his/her future goals? (Circle one)

Yes

No

### **Parent/Guardian Statement:**

I grant permission for my son/daughter to enroll in the Pharmacy Technician course at Rolesville High School. I will also encourage my student to complete all course requirements. I will report any issues or concerns to the instructor. I understand there is a \$129 fee associated with this course and I will pay this fee at the start of the course.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Wake County Public School System programs are staffed and offered without regard to race, gender, age, color, religion, national origin, citizenship status, political affiliation, or disability.*