

# WILSON COMMUNITY

## COLLEGE

### PHARMACY TECHNICIAN TRAINING

Students must be 18 years of age or older, and admission is by application. Only **complete** applications (explained in this brochure) will be accepted. There are twenty (20) spaces available for Fall 2010. The fee for this course is \$192 which includes \$175 registration; \$5 technology; and \$12 security. There will be a textbook required.

This course is designed to prepare individuals to work in a pharmacy under the direction of a pharmacist. The role of the pharmacy technician is to assist the pharmacist with day-to-day activities. The activities will always be performed under the direction of a pharmacist, and will be in compliance with departmental policies and procedures in order to provide optimal pharmaceutical care.

**The Division of Continuing Education of Wilson Community College recognizes and is fully supportive of clinical agencies that choose to require a drug screening, background check, or fingerprinting on students. Cost of testing is the student's responsibility. Students will have ten (10) days after the class begins to provide a criminal background check and a 13-panel drug screening to the instructor. These tests are available through DPPS at 243-7789.**

### APPLICATION REQUIREMENTS

Completed and signed application with all required **copies** attached (listed below).

- High school diploma/GED, or transcript
- North Carolina picture ID (example: driver's license)
- Proof of following immunizations:
  - One TB skin test within the past 12 months
  - Proof of one MMR
  - Hepatitis B (at least first shot of the series of three required)

**(\*) IT IS THE STUDENTS' RESPONSIBILITY TO OBTAIN ALL REQUIRED COPIES. WILSON COMMUNITY COLLEGE WILL NOT MAKE THESE COPIES.**

### REQUIRED prior to clinical rotations:

**INSURANCES:** Malpractice (approx. \$15); available at Cashier's office, Building F.

**UNIFORMS:** Must dress professionally, white lab coat, and white, closed-toe shoes. Lab coat and name badges available at Thomas Drugs.

# PHARMACY TECHNICIAN TRAINING APPLICATION FOR FALL 2010

August 19 – December 13  
Monday and Thursday of each week  
6:00 p.m. until 9:00 p.m.  
Building G, Room 227a

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
PHONE: Home: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_Month \_\_\_\_\_Day \_\_\_\_\_Year  
Cell: \_\_\_\_\_ SEX: \_\_\_\_\_Male \_\_\_\_\_Female  
RACE: \_\_\_\_\_White \_\_\_\_\_Black \_\_\_\_\_American Indian \_\_\_\_\_Hispanic \_\_\_\_\_Asian \_\_\_\_\_Other  
EMPLOYMENT: \_\_\_\_\_Unemployed \_\_\_\_\_Part-Time \_\_\_\_\_Full-time EMPLOYER: \_\_\_\_\_  
YOUR CAREER PLANS: \_\_\_\_\_  
DO YOU HAVE PREVIOUS EXPERIENCE IN THE HEALTH FIELD? \_\_\_\_\_Yes \_\_\_\_\_No  
IF YES, PLEASE LIST: \_\_\_\_\_

## AGREEMENT

I have attached all required copies to my application; have read, understand and agree to all stated requirements of the Pharmacy Technician program; understand the required clinical dress code, and agree to comply upon acceptance; understand this is an application only and does not constitute acceptance into the program; and understand I will be dismissed from the program if documented as verbally or physically abusive to College administration, clinical site staff, patients, or visitors.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THIS MUST BE SIGNED AND WITNESSED AT TIME OF REGISTRATION:** If any facility prohibits the student from participating in the clinical experience, the student will be dismissed due to an inability to progress and complete the program.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Return completed and signed application, with all required copies attached, to:  
Wilson Community College  
ATTN: Elise Webb  
Post Office Box 4305  
Wilson, NC 27893