



Pharmacy Technician Program Application

Last Name: _____ First Name: _____ MI: ____ Date: _____

Please note the following list of items must be submitted in order for the application to be considered complete. Incomplete applications will not be reviewed for program admission.

All applications must be delivered in person or by mail.

Initial	Application Checklist ✓
	<p>1. Complete Admissions file. The following items must be submitted to the Admissions Office:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CVCC application <input type="checkbox"/> Official transcripts from all colleges previously attended <input type="checkbox"/> Official high school or GED transcripts <input type="checkbox"/> Documentation of ACT scores or ACCUPLACER placement test <input type="checkbox"/> Photo ID <input type="checkbox"/> Residency information <p><i>It is the responsibility of the applicant to ensure that admissions file is complete, prior to medical assisting application deadline. A COMPLETE admissions file includes all items listed above.</i></p>
	<p>2. Completed Pharmacy Technician Program application must be submitted to Health Sciences.</p> <p><i>It is the responsibility of each student to ensure the Health Sciences office has received the completed application. All applications must be completed in person or by mail. Mailed applications can be delivered to :</i></p> <p style="text-align: center;">2602 College Drive Attn: Health Sciences Coordinator Phenix City, AL 36869</p>
	<p>3. Meet minimum requirements for admission to the CVCC Pharmacy Technician Program (Page 4).</p>

Read and sign: I have fully read and understand the information provided in the Pharmacy Technician Program application. All of the items listed above have been included, for submission of a complete application. I understand that, in the event that I am notified of missing items, those items must be submitted before the published deadline or my application will not be considered. I further understand that documentation included in this application packet will not be released for future application submissions; therefore, I have retained a copy of this application for personal records. **“Any omission or falsification of records will result in immediate dismissal from the program.”**

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____ Student # or SSN: _____



PHARMACY TECHNICIAN PROGRAM ESSENTIAL FUNCTIONS

The Alabama College System endorses the Americans' with Disabilities Act. In accordance with College policy, when requested, reasonable accommodations may be provided for individuals with disabilities. Physical, cognitive, psychomotor, affective and social abilities are required in unique combinations to provide safe and effective patient care. The applicant/student must be able to meet the essential functions with or without reasonable accommodations throughout the program of learning. Admission, progression and graduation are contingent upon one's ability to demonstrate the essential functions delineated for the pharmacy technician program with or without reasonable accommodations. The pharmacy technician program and/or its affiliated clinical agencies may identify additional essential functions. The pharmacy technician program reserves the right to amend the essential functions as deemed necessary.

In order to be admitted and to progress in the pharmacy technician program one must possess a functional level of ability to perform the duties required of a pharmacy technician. Admission or progression may be denied if a student is unable to demonstrate the essential functions with or without reasonable accommodations.

The essential functions delineated are those deemed necessary by CVCC's pharmacy technician program. No representation regarding industrial standards is implied. Similarly, any reasonable accommodations made will be determined and applied to the respective pharmacy technician program and may vary from reasonable accommodations made by healthcare employers. The essential functions delineated below are necessary for pharmacy technician program admission, progression and graduation and for the provision of safe and effective pharmacy technician care.

The essential functions include but are not limited to the ability to:

1) Sensory Perception

- a) Visual
 - i) Visualize different color spectrums and color changes
 - ii) Read fine print in varying levels of light
 - iii) Read for prolonged periods of time
 - iv) Read cursive writing
 - v) Read at varying distances
 - vi) Read data/information displayed on monitors/equipment
- b) Auditory
 - i) Effectively hear to communicate with others

- d) Discern and interpret nonverbal communication
- e) Express one's ideas and feelings clearly
- f) Communicate with others accurately in a timely manner
- g) Obtain communications from a computer

2) Communication/ Interpersonal Relationships

- a) Verbally and in writing, engage in a two-way communication and interact effectively with others, from a variety of social, emotional, cultural and intellectual backgrounds
- b) Work effectively in groups
- c) Work effectively independently

3) Cognitive/Critical Thinking

- a) Effectively read, write and comprehend the English language
- b) Consistently and dependably engage in the process of critical thinking in order to formulate and implement safe and ethical pharmacy decisions in a variety of health care settings
- c) Demonstrate satisfactory performance on written examinations including mathematical computations without a calculator
- d) Satisfactorily achieve the program objectives

4) Motor Function

- a) Handle small delicate equipment/objects without extraneous movement, contamination or destruction
- b) Maintain balance from any position
- c) Stand on both legs
- d) Coordinate hand/eye movements
- e) Push/pull heavy objects without injury to self or others
- f) Stand, bend, walk and/or sit for 6-12 hours in a clinical setting performing physical activities requiring energy without jeopardizing the safety of the client, self or others
- h) Walk without a cane, walker or crutches
- i) Transport without the use of electrical devices
- j) Flex, abduct and rotate all joints freely
- k) Respond rapidly to emergency situations
- l) Maneuver in small areas
- m) Coordinate fine and gross motor hand movement
- n) Calibrate/use equipment
- o) Perform CPR
- p) Operate a computer

5) Professional Behavior

- a) Convey caring, respect, sensitivity, tact, compassion, empathy, tolerance and a healthy attitude toward others
- b) Demonstrate a mentally healthy attitude that is age appropriate in relationship to the client
- c) Handle multiple tasks concurrently
- d) Perform safe, effective care for clients in a caring context
- e) Understand and follow the policies and procedures of the College and clinical agencies
- f) Understand the consequences of violating the student code of conduct
- g) Understand that posing a direct threat to others is unacceptable and subjects one to discipline
- h) Meet qualifications for licensure by appropriate State's Board of Pharmacy
- i) Not to pose a threat to self or others
- j) Adapt to changing environments and situations
- k) Remain free of chemical dependency
- l) Report promptly to clinicals and remain for 6-12 hours on the clinical unit
- m) Accepts responsibility, accountability, and ownership of one's actions
- n) Seek supervision/consultation in a timely manner
- o) Examine and modify one's own behavior when it interferes with technician duties or learning

Upon admission, an individual who discloses a disability can request reasonable accommodations. Individuals will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. The respective College will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the respective College. In order to be admitted one must be able to perform all of the essential functions with or without reasonable accommodations. If an individual's health changes during the program of learning, so that the essential functions cannot be met with or without reasonable accommodations, the student will be withdrawn from the pharmacy technician program. The pharmacy technician faculty reserves the right at any time to require an additional medical examination at the student's expense in order to assist with the evaluation of the student's ability to perform the essential functions. **Requests for reasonable accommodations should be directed to Ms. Vickie Williams, Associate Dean of Student Development and Success, Wilson Hall, (334)214-4803.**

I have read and fully understand the requirements for meeting all of the Pharmacy Technician Program's Essential Functions prior to acceptance and for the duration of the program.

Applicant's Printed Name: _____ Date: _____

Applicant's Signature: _____

Questions about this form should be directed to Will Borin, Pharmacy Technician Program Director, (334)214-4838, or Dr. Bridgett Jackson, Health Sciences Director, (334)291-4972.

MINIMUM REQUIREMENTS

Minimum admission standards for the Pharmacy Technician Program include:

1. Unconditional admission to the College.
2. Completed application for the Pharmacy Technician Program (*applications must be submitted to (1) Admissions Office, requesting acceptance to CVCC, and (2) Health Sciences Department, requesting acceptance to the PHM program*).
3. Minimum cumulative college GPA of 2.0 OR a minimum 2.0 cumulative high school GPA if no prior college coursework exists OR a GED certificate.
4. Good standing with the College.
5. Meeting essential functions required for pharmacy technicians.
6. Ability to comply with any additional requirements as outlined by the clinical agencies such as dress code or confidentiality training.

REQUIRED HEALTH DOCUMENTATION

Individuals accepted into the Pharmacy Technician Program will be required to submit specific health documentation. All required health documents must be submitted electronically and in person to the Health Sciences Secretary/Coordinator by the last day of class in the first semester in which the student is enrolled in Pharmacy coursework. All accepted individuals will be required to submit items detailed on the current Required Health Documentation Checklist for Health Sciences Programs.

REQUIRED PROGRAM TOOLS

Individuals admitted to the Pharmacy Technician Program will be required to purchase tools necessary for successful completion of the program. Tools required for the Pharmacy Technician Program include, but are not limited to, the following:

1. Pharmaseer software (replaces all other books and software for entire program)
2. Licensing with the Board of Pharmacy in respective State(s) of clinical site(s)
3. Online health documentation management system- Information will be provided to accepted students.
4. Background check and drug screening- Information will be provided to accepted students.
Note: Students who do not register for Pharmacy coursework for two consecutive semesters or whose time in the Pharmacy Technician Program exceeds 1 year may be required to pay for an updated background check and drug screening out-of-pocket.

NON-DISCRIMINATION POLICY

It is the official policy of the Alabama State Board of Education and Chattahoochee Valley Community College that no person shall, on the grounds of race, color, disability, gender, religion, creed, national origin, marital status, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. Persons requiring reasonable accommodations under the Americans with Disabilities Act (ADA) should contact the Chattahoochee Valley Community College ADA Coordinator at 334-214-4803.

PERSONAL DATA

Last Name: _____ First Name: _____ MI: _____ Maiden: _____

SSN: _____ Student ID (if known): _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Please provide an e-mail address that you use and check regularly

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____ Relationship: _____

Home Telephone: _____ Cell Phone: _____

EDUCATION

High School: _____ Graduation Year: _____

GED (if applicable): _____ Date completed: _____

Have you attended CVCC? **Yes: _____ No: _____**

Have you attended any colleges other than CVCC? **Yes: _____ No: _____**

Please list all colleges attended with degrees/credentials earned as applicable (including CVCC).

Name of College	City, State	Dates Attended	Degree

Application Deadlines for the Pharmacy Technician Program are as follows:

- **August 1** - Applicants seeking admission for FALL semester.
- **November 1** - Applicants seeking admission for SPRING semester.
- **May 1** - Applicants seeking admission for SUMMER semester.

FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.