

## Health Science Program Application Checklist/Cover Sheet Pharmacy Technician

Please complete this checklist and include it as the cover sheet for your application packet. Your application packet is not complete unless all required items are checked. **The application packet and all fees must be paid prior to the start of the program.**

Completed application packets may be returned to the St. Petersburg campus Guidance Office during regular office hours:

Monday and Wednesday from 7:00 am to 2:00 pm  
Tuesday and Thursday from 7:00 am to 7:00 pm  
Friday from 7:00 am to 12:00 pm

**Please do NOT mail, fax or email any paperwork from this packet to Pinellas Technical College.**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

√	<b>Required Items in Order</b>
	Health Science Application Checklist/Cover Sheet
	Copy of TABE scores or documentation of literacy exemptions
	Teacher Interview/Information Session form signed by instructor
	Essential Job Functions for a pharmacy technician
	Copy of TEAS test scores
	Completed EZ Finger Prints Background Check (instructions enclosed); submit a copy of your receipt
	Signed and dated Criminal Background Check & Drug Screen Disclaimer
	Copy of standard high school diploma/transcript or GED
	Completed copy of the Application for Health Science programs
	Completed Health Screening for Health Sciences Education with documentation of test results and immunization updates
	Completed Influenza Vaccination Notice form
	Signed and dated verification of accident/medical insurance and proof of insurance coverage
	Signed and dated Notification of Exposure form
	Signed and dated Confidentiality Statement
	Uniform Cost Information Sheet
	All fees must be paid 10 days prior to the start of the program (including \$15 application fee)
<b>Optional Items</b>	
	Postsecondary transcripts if applicable
	Copies of current health related certifications, CPR, First Aid, Health CORE, etc.

If you have any questions, please contact Nancy Stevens, Guidance Counselor, at 727-893-2500, extension 2522 or [stevensn@pcsb.org](mailto:stevensn@pcsb.org).

**Instructor Information Interview**  
Pinellas Technical College  
St. Petersburg Campus

Applicant \_\_\_\_\_

Instructor \_\_\_\_\_

Program \_\_\_\_\_

The staff at Pinellas Technical College believes an instructor interview is of great importance because we want you to be successful in the technical program in which you have expressed an interest. Instructors are available to meet incoming students and answer questions about their programs. The purpose of the interview is to provide you with additional information about the program. Please ask as many questions as you wish of the instructor. Some suggested questions are listed below.

**Suggested Questions**

- What is the length of the program and what will I be required to learn?
- What is the cost of books, tools, and materials and when will they be needed?
- How are the classes taught? (Lecture, demonstrations, hands-on experiences)
- What will be expected of me while in the program?
- What and where are the job opportunities in this technical field?
- Do you assist with job placement?
- What is the starting pay? What is the range of earnings?
- Is there a final examination, certification or licensing required to be employed in this field?
- What is the graduation rate for students who have entered the program?

Counselor's comments \_\_\_\_\_

Counselor's signature \_\_\_\_\_

Instructor's comments \_\_\_\_\_

---

**Instructor's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please call the program instructor to schedule your interview at:

727-893-2500  
**Pharmacy Technician** – extension 2601



*Opportunity starts here*

## **ESSENTIAL JOB FUNCTIONS**

### **Pharmacy Technician**

#### **Basic Skills**

Math – Grade 11

Language – Grade 10

Reading – Grade 10

#### **Health and Safety Requirements**

- ✦ Ability to present professional appearance and implement measures to maintain own health

#### **Mental Factors**

- ✦ Critical thinking and problem solving ability
- ✦ Ability to show attention to detail and thoroughness when completing tasks
- ✦ Ability to be open to change (positive or negative) and considerable variety in the workplace (to be adaptable and flexible)

#### **People Skills**

- ✦ Ability to interact interpersonally with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds
- ✦ Ability to communicate with others in verbal and written form
- ✦ Ability to cooperate and work with others as part of a team
- ✦ Ability to empathize and show concern for others

#### **Physical Requirements**

- ✦ Ability to move from room to room and to maneuver in small spaces (e.g.-between counters, IV rooms and med rooms)
- ✦ Gross and fine motor skills using both hands necessary to perform administrative and laboratory procedures accurately, safely and efficiently (e.g.-compounding, IV Admixture, packaging and operating machinery)
- ✦ Auditory ability sufficient to accurately gather information relevant to pharmacy duties
- ✦ Visual ability sufficient to see details at close range
- ✦ Olfactory senses sufficient for maintaining work environment and co-workers' safety
- ✦ Ability to stand for long periods of time
- ✦ Ability to bend and reach for items at different heights
- ✦ Ability to lift up to 20lbs and push carts on rollers up to 500lbs

#### **Working Conditions**

- ✦ Ability to deal effectively with stress produced by work-place interaction situations
- ✦ Ability to maintain concentration and focus on multiple tasks without distraction in an environment that has continuous noise and talking

## TEAS Test

The Test of Essential Academic Skills (TEAS) evaluates four areas that are essential for academic success. These areas are: reading, mathematics, English and language usage, and science. The science section will not be averaged into your final score.

You must score at least 60% to be eligible to apply for the Dental Assisting, Pharmacy Technician or Surgical Technology programs. The TEAS may be taken only two times during a year's time. There is a required 30 day minimum waiting period before retaking the TEAS a second time.

**The TEAS costs \$55.00 each time you take it** and must be purchased at the PTC bookstore. Space is limited and will be filled on a first-come, first-served basis. Testing lab is Room G-2.

Before you take the TEAS, **you must go online and create a new user account with ATI** as follows:

1. Go to [www.atitesting.com](http://www.atitesting.com)
2. Select "Create an Account" which is located on the top right side of the page.
3. Complete the User Information page. For "Institution" choose "Pinellas Tech Center St. Petersburg".

Student/Employer ID: Leave blank

Credentials: Leave blank

Check the "non-degree seeking" box

4. Leave graduation blank.
5. Click on REGISTER at the bottom of the page when finished.
6. You **must** print this page with your user name and ID.
7. Remember your password.

### VERY IMPORTANT!

You will NOT be allowed in the test session without these items:

1. Pink copy of paid receipt.
2. Photo ID with your signature.
3. ATI registration page with user name and ID and password.

You can purchase computer based practice assessments and study manuals at [www.atitesting.com](http://www.atitesting.com). A study manual is also available for purchase in the PTC bookstore.

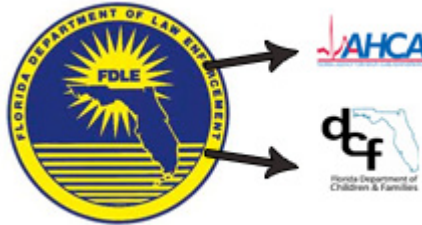
### TEAS Testing Schedule

Every Thursday at 9:00 am and 5:00 pm



## INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR A CLINICAL EDUCATION PROGRAM

To begin the fingerprinting process, you will need to supply EZ Finger Prints with a valid driver's license and social security card. Identify yourself as a Pinellas Technical College student. You do not need to know the ORI or OCA code numbers.



*Prints are taken using the Live Scan, which scans the fingerprints electronically. No need for messy black ink.*

*Once the fingerprints are scanned, we send them to the FDLE, which then sends them to the appropriate governing agency, i.e. AHCA or DCF. No need for mailing.*

*The fingerprinting process results take approximately 7-14 days, depending on the agency.*

You may walk in or schedule an appointment with EZ Finger Prints at [www.ezfingerprints.com](http://www.ezfingerprints.com) or call 727 479-0805.

EZ Finger Prints is located at 1715 East Bay Drive, Suite B, Largo, Florida, 33771.

The cost is \$45.00. Cash, personal checks, and credit cards are accepted. (VISA, MC, AmX); call to learn about the voucher payment process. Ask about the new service...Drug Screening!

We cannot determine if previous offenses will or will not clear the background check. The results will be sent directly to the School Board's Administration Building and you will be contacted only if there is a problem.

## HEALTH SERVICES STUDENT FINGERPRINT REQUEST FORM / RECEIPT

### Instructions for REFERRING COMPANY (If applicable):

- Give this completed REQUEST FORM/RECEIPT to individual to be fingerprinted

### Instructions for INDIVIDUAL:

- Review and complete **SECTION 1** below
- You can make an Appointment **OR** You can Walk-In (no appointment needed)
- To Make an Appointment → Call (727)479-0805 or go to [www.ezfingerprints.com](http://www.ezfingerprints.com)
- For Walk-Ins → Call (727)479-0805 and let us know you are coming
- Go to EZ Fingerprints at 1715 East Bay Drive, Suite B, Largo, Florida, 33771
- **BUSINESS HOURS** - Monday thru Friday 8:30 AM-5:00 PM
- **Remember to bring the following with you:**

1. This completed REQUEST FORM/RECEIPT
2. Your Driver's License
3. Your Social Security Card

**SECTION 1: TO BE COMPLETED BY INDIVIDUAL**

Individual Name \_\_\_\_\_

Reason for Screen:  Employment  Volunteer  Other → \_\_\_\_\_

What Company is this screening for? VECBS – PINELLAS COUNTY SCHOOL BOARD  
 \_\_\_\_\_

**SECTION 3: FOR EZ FINGERPRINTS USE ONLY**

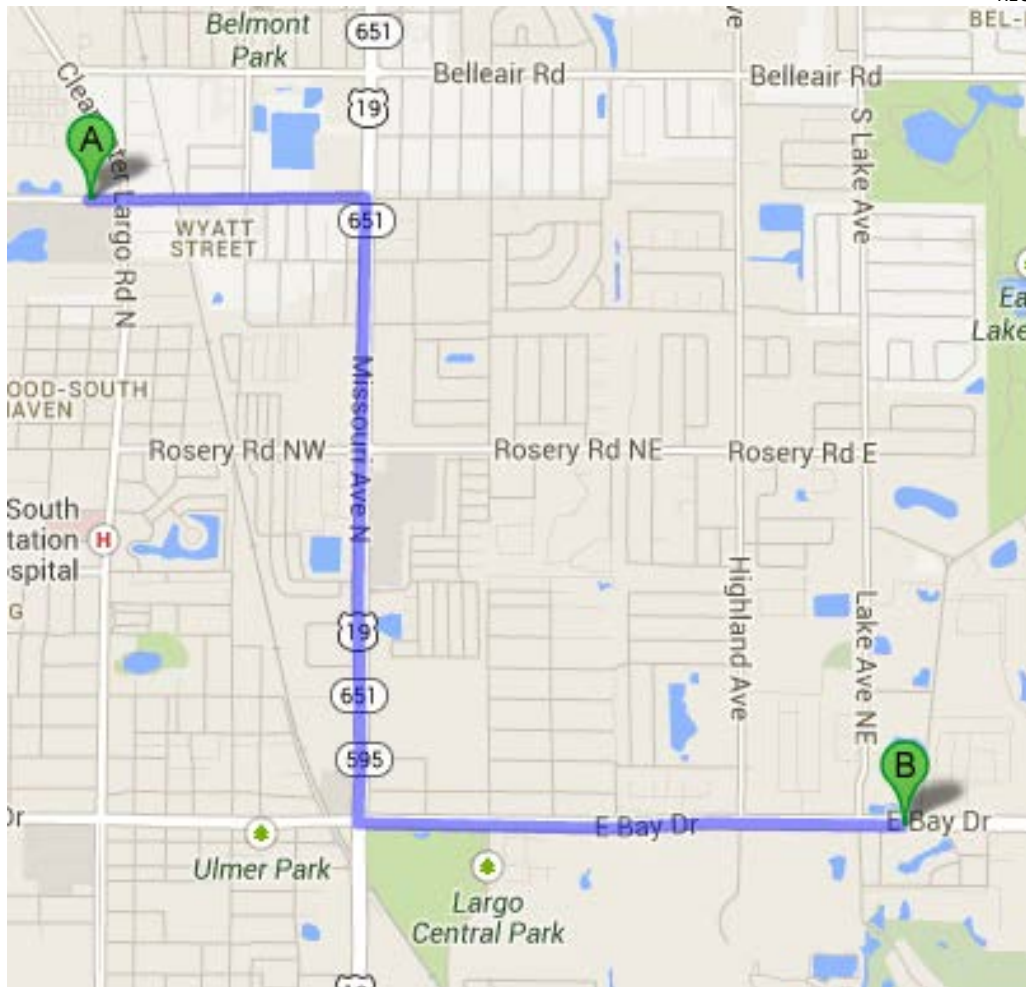
TCN # \_\_\_\_\_ R # \_\_\_\_\_

Payment Method: (Circle One): Check / Cash / Credit Card \_\_\_\_\_

Screen Date \_\_\_\_\_  Pend for Payment Submission Date \_\_\_\_\_

EZFP Rep Signature \_\_\_\_\_

RECEIPT.doc (Rev 08/06/13)



## Criminal Background Check and Drug Screening Disclaimer

Background screenings are required for employment in the health care industry and to take licensing exams in the medical professions. Disqualifying offenses may be a history of felony and/or misdemeanor convictions or substance abuse. It is your responsibility as a program applicant/participant to understand all disqualifying offenses that may impact your ability to become employed in the health care field or enroll/remain in a health care program at an educational institution.

You can find additional information at the Florida Department of Health website. For Nursing/CNA student inquiries go to – <http://www.doh.state.fl.us/mqa/nursing>; for Pharmacy student inquiries please check – <http://floridaspharmacy.gov/licensing/registered-pharmacy-technician/>.

As a prospective student applying to a Health Science program at Pinellas Technical College, **I fully understand that if my background check reveals any disqualifying offenses or the drug screening indicates a positive result, I will not be allowed to enter the program to which I am applying and I may be withdrawn if I have already started.** If the withdrawal occurs within the first 50 hours, the student will receive a refund as allowed according to school policy. If the dismissal occurs after the first 50 hours, the student will not be entitled to a refund.

Passing the background check and drug screening does not guarantee certification or registration in the field you have chosen.

---

Student Signature

---

Print your name

---

Date

# Health Science Program Application

Pinellas Technical College – St. Petersburg Campus

## Personal Information

Name (please print) Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact (name, address and phone number) \_\_\_\_\_

\_\_\_\_\_

## Educational Background

Indicate highest level of education: HS diploma, GED, A.S., A.A., B.A., B.S., M.A., M.S., PhD.

Major in college \_\_\_\_\_

Other training/education in medical and/or health care. If yes, list type of training and length of time in the medical field. \_\_\_\_\_

\_\_\_\_\_

## Work Experience

List work experience for the last *three* years, listing your MOST RECENT employment first.

Job Title	Dates	Name of Business	Reason for Leaving

If you are currently working:

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

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

Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_



PINELLAS COUNTY SCHOOLS  
**HEALTH SCREENING FOR HEALTH SCIENCE EDUCATION**

Student Name (Print) \_\_\_\_\_

Students enrolling in a Health Science Education Program with a clinical component must have the items identified for their health program completed **prior** to the class start date except TB screening requirement as stated below. Students recognized to be non-immune to any of the diseases must seek appropriate medical attention before entering the class.

**ATTACH THIS COMPLETED FORM TO OFFICIAL DOCUMENTATION,  
 INCLUDING LAB REPORTS, BEFORE PAYING TUITION, STARTING CLASS, AND/OR CLINICAL EXPERIENCE.**

Your Health Program (one from list below) \_\_\_\_\_

HEALTH PROGRAM REQUIREMENTS *	TB	Rubella	Rubeola	Varicella	Tetanus	Diphtheria	Hep B	Neg Drug	Hep C
Allied Health Assistant (Phlebotomy)	X	X	X	X	X	X	X	X	
Dental Aide	X					X	X		
Dental Assistant	X				X	X	X	X	
Health Career II	X	X	X	X	X	X	X		
Health Unit Coordinator *	X	X	X	X	X	X	X		
Home Health Aide	X								
Medical Assistant	X	X	X	X	X	X	X	X	X
Nursing Assistant	X	X	X	X	X	X	X	X	
Patient Care Technician	X	X	X	X	X	X	X	X	
Pharmacy Technician	X	X	X	X	X		X	X	
Practical Nursing	X	X	X	X	X	X	X	X	
Surgical Technician	X	X	X	X	X	X	X	X	X

\*Depending on requirements of clinical site.

**I. TUBERCULOSIS**

- A. 2 TB skin tests (Mantoux), 1 within past year and 1 within 30 days prior to clinical experience, **OR**
- B. 2 TB skin tests (Mantoux), 1 week apart 30 days prior to clinical experience, **OR**
- C. negative chest x-ray within 30 days of clinical experience, **OR**
- D. taking or have completed a prescribed medication **OR**
- E. documentation of negative IGRA blood test

**II. RUBELLA (German measles)**

**If under 40 years of age:**

- A. positive Rubella serology, **OR**
- B. immunization with live vaccine since January 1, 1980, **OR**
- C. 2 immunizations with live vaccine after 12 months of age

**If over 40 years of age:**

- D. positive Rubella serology, **OR**
- E. Measles, Mumps, Rubella (MMR) vaccine after 1970

**III. RUBEOLA (10 day measles)**

- A. born prior to 1957, **OR**
- B. positive Rubeola serology, **OR**
- C. immunization with live vaccine since January 1, 1980, **OR**
- D. 2 immunizations with live vaccine after 12 months of age

**IV. VARICELLA (Chickenpox)**

- A. 1 vaccine, if administered under age 13, **OR**
- B. 2 vaccines, 4-8 weeks apart, if administered 13 years of age or older, **OR**
- C. positive Varicella serology (allow 2 months for blood testing process)

**V. TETANUS**

within last 10 years

**VI. DIPHTHERIA**

recommended in last 10 years

**VII. HEPATITIS B VACCINE** (Dental Assisting applicants are required to complete Injection #1 by class start date and Injections #2 and #3 by external clinical component.)

Some clinical facilities for the other health programs will require the Hepatitis B Vaccine series before your externship. Therefore, you will not be able to complete your program without completing the HBV series.

- A. injections #1, #2, #3, **OR**
- B. titer, **OR**
- C. completion of DECLINATION OF HEPATITIS VACCINE (below)

**VIII. NEGATIVE DRUG TEST**

within 30 days prior to class start date

**IX. HEPATITIS C**

negative lab report

\* Varicella titer is a blood test for antibodies to Chickenpox. We are finding that even if a student had Chickenpox, he may not have the antibodies to protect him from the disease as an adult. The blood test is necessary if students cannot document the 2 vaccines. If the test comes back negative then the student must have the 2 vaccinations prior to entering a clinical area. You may obtain further information from the web site: CDC.GOV. Click on V-Varicella. Please allow two months prior to clinicals to begin the blood testing process.

**DECLINATION OF HEPATITIS VACCINE**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been advised to be vaccinated with HBV at my own expense. However, I decline the Hepatitis B Vaccine at this time or have not completed the vaccination series. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination at my own expense.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by a Pinellas County Schools Representative \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby grant my licensed physician and/or the physician/laboratory/facility performing the procedures to release this information to the Pinellas County Schools.

Student Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature for Student Under Age 18



*Opportunity starts here*

Health Science Programs

## Influenza Vaccination Notice

**I understand that as a student in a Health Occupations Education Program, and being in contact with patients during the flu season, I will need to follow the hospital requirements.**

Students need to provide proof of receiving a flu vaccination to their instructor, so it can be submitted to the hospital prior to November 30.

Those who decline to receive a flu vaccination will be required to wear a surgical mask while at clinical from December 1 to March 31.

I accept full responsibility for:

- All costs incurred for any immunizations.
- Time missed from school as result of immunization or exposure.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND HAD AN OPPORTUNITY TO ASK QUESTIONS.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Name: \_\_\_\_\_

**School Board of Pinellas County, Florida  
Pinellas Technical College Health Science Programs  
Verification of Accident-Medical Insurance**

I, \_\_\_\_\_ verify that I am enrolled in a Health Science Program through Pinellas Technical College. Clinical sites and facilities require students to have their own medical insurance to participate in the clinical assignment. **Clinical hours are required for Health Science program completion.** You cannot complete the program without clinical hours.

Should the need arise for medical care due to an accident or other injury or loss while participating in my regularly scheduled theory or clinical learning activity, my medical expenses will be covered by: (check the appropriate section below)

1. \_\_\_\_\_ **Medical insurance policy**

- Insurance company \_\_\_\_\_
- Policy number: \_\_\_\_\_
- Effective Date: \_\_\_\_\_ Expiration Date\*: \_\_\_\_\_

2. \_\_\_\_\_ **Medicaid, Medicare, or Department of Veterans Affairs, etc.**

- Insurance company \_\_\_\_\_
- Policy number: \_\_\_\_\_
- Effective Date: \_\_\_\_\_ Expiration Date\*: \_\_\_\_\_

**\*I am aware that if I am in the program beyond the policy expiration date I must purchase another policy.**

I understand that, in the event my insurance policy does not cover my complete loss or damages, I agree to be personally responsible for such uncovered injury, loss, or damages I sustain while participating in my regularly scheduled theory or clinical learning activity.

I further understand that I am not entitled to any benefits or workers compensation in the event of any injury occurring on the premises of the class/clinical learning experience.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS ENTIRE FORM, AND HAVE SELECTED THE APPROPRIATE INSURANCE OPTION ABOVE FOR MY SITUATION.**

Student's Printed Name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**STAPLE PROOF OF INSURANCE TO THIS FORM. Return with your application packet.**

**The School Board of Pinellas County, Florida, prohibits any and all forms of discrimination and harassment based on race, color sex, religion, national origin, marital status, age, sexual orientation or disability in any of its programs, services or activities.**

## Pinellas Technical College Notification of Exposure

**I understand** that as a student at Pinellas Technical College in the Dental Assisting, Pharmacy Technician or Surgical Technology programs, I may come in contact with toxic chemicals, infectious organisms, and communicable diseases.

In addition, **I understand** I am to be tested, treated or vaccinated against any condition warranted according to the clinical experience facility and the Pinellas County Schools immunization requirements policy. (*Health Screening for Health Science Education*)

**I accept full responsibility** for:

- All costs incurred for any testing/immunizations.
- Time missed from school as a result of testing, immunizations or exposure.

I also understand that it is **my responsibility** to wear and/or use the following protective clothing and/or gear when carrying out my clinical duties:

- Gloves, face masks/shields, lab coats, goggles, disposable gowns, fluid resistant clothing, head coverings, shoe coverings, lead aprons and laser goggles.
- And follow proper safety procedures as required by OSHA and the facilities.

I acknowledge that I have read and understand the above exposure notice and safety procedures.

---

Student Signature

---

Print your name

---

Date

## Pinellas Technical College Confidentiality Statement

The Health Science programs at Pinellas Technical College expect its students to represent the school in a manner that reflects high standards of personal integrity, education and service to patients.

As a student in the Dental Assisting, Pharmacy Technician or Surgical Technology program, you will conduct yourself according to the highest ethical standards. Underlying principles are based on common courtesy and ethical/moral behavior. These are essential for you to grow professionally and to receive the desired trust and respect of all members of the health care profession.

I agree to the following items:

- Will not discuss patients or any identifying data in public settings such as cafeterias, elevators, hallways, over the phone, with family or friends, with other patients, or where patients might overhear you.
- Discussion of your patient should only occur in approved settings such as giving or taking reports or in clinical conference.
- Use patient initials in all discussions and on written documents.
- Destroy all notes and computer generated papers after completing your daily assignment.
- Protect the integrity of the medical record and do not photocopy material from the medical record.
- If there are concerns about patient confidentiality, check with your instructor to obtain guidance.

I acknowledge that I have read and understand the above confidentiality procedures.

---

Student Signature

---

Print your name

---

Date



2604 Central Avenue  
St. Petersburg, FL 33712  
727-498-8892

[www.fashionscrubdepotbrands.com](http://www.fashionscrubdepotbrands.com)

**PRICING SHEET FOR PINELLAS TECHNICAL COLLEGE PHARMACY TECHNICIAN STUDENTS**

Item #	Description	Price includes embroidery* Sizes XS-XL	Price includes embroidery* Sizes 2XL-5XL
4777	One Pocket Unisex Top	\$22.99	\$25.99
4700	Two Pocket Top	\$24.99	\$27.99
4350	Warm Up Jacket	\$29.99	\$32.99
4100	Unisex Cargo Drawstring Pants	\$19.99	\$22.99
4200	Elastic Waist Pants	\$20.99	\$23.99
4020	Women's Pants/Multi- pocket	\$22.99	\$25.99

**\*All tops and jackets are embroidered with the PTC logo; tall sizes add \$3.00.**