

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 _____

Phone number _____

Email Address _____

Required Items in Order	
	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)
Optional Items	
	Postsecondary transcripts if applicable
	Copies of current health related certifications, CPR, First Aid, Health CORE, etc.

If you have any questions, please contact Arilee Still, Guidance Counselor, at 727-893-2500, extension 2523 or stilla@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

P INELLAS -
TECHNICAL
COLLEGE

Opportunity starts here

**ESSENTIAL JOB
FUNCTIONS**

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 caais 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 Information

The Test of Essential Academic Skills (TEAS) evaluates four areas that are essential for academic success in the Allied Health technologies. 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 \$58 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 at www.atitesting.com** . Select "Create an Account" which is located on the top right side of the home page. Complete the following 7 steps:

1. Sign In Information
2. Security Questions
3. Personal Information
4. Institution - Scroll to find Pinellas Tech College St. Petersburg AH

Leave blank: Student ID, Credentials and Expected Graduation Date. **Check:** Non-degree seeking

5. Demographic Information
6. Subscription Updates and Notes

Check: Yes or click continue

7. User Terms and Conditions

Check: Yes, I Agree...You are registered!

VERY IMPORTANT!

Write down your User ID Number from ATI and your password. You must bring these, a photo ID and the paid TEAS receipt to the test session. You will **NOT** be admitted without them.

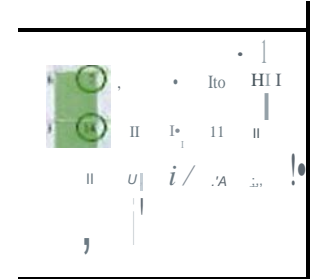
TEAS Testing Schedule

Thursday at 9:00 am or 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/or 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 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
- 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? VECHS - PINELLAS COUNTY SCHOOL BOARD

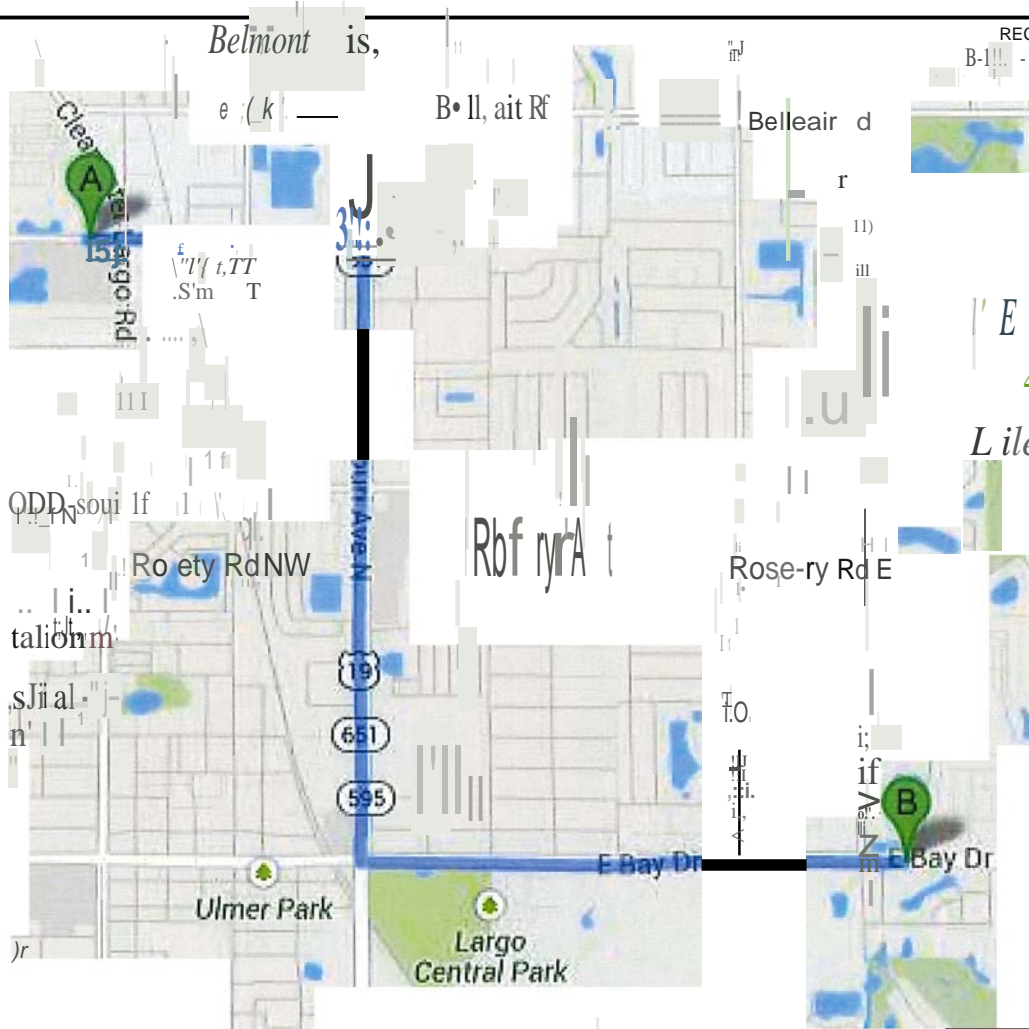
SECTION 3: FOR EZ FINGERPRINTS USE ONLY

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-technicia.n/>

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, AS., 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	Pertussis	HepB	NegDrug
Allied Health Assistant (Phlebotomy)	X	X	X	X	X	X	X	X	X
Dental Aide	X					X	X	X	
Dental Assistant	X				X	X	X	X	X
Health Career II	X	X	X	X	X	X	X	X	
Health Unit Coordinator	X	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	X
Patient Care Technician	X	X	X	X	X	X	X	X	X
Pharmacy Technician	X	X	X	X	X	X	X	X	X
Practical Nursing	X	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)

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.

•V. TETANUS

within last 10 years

VI. DIPHTHERIA

within last 10 years

VII. PERTUSSIS

within last 10 years

VIII. 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

IX . NEGATIVE DRUG TEST

within 30 days prior to class start 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

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

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, **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*)

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

PRICING SHEET FOR PINELLAS TECHNICAL COLLEGE PHARMACY TECHNICIAN STUDENTS

Item#	Description	Price includes embroidery* Sizes XS-XL	Price includes embroidery* Sizes 2XL-Up
4777	One Pocket Unisex Top	\$22.99	\$25.99
4700	Two Pocket Top	\$24.99	\$27.99
4876	Three Pocket Top	\$25.99	\$28.99
4350	Warm Up Jacket	\$29.99	\$32.99
4100	Unisex Pants	\$19.99	\$22.99
4200	Elastic Waist Pants	\$20.99	\$23.99
4020	Women's Pants	\$24.99	\$27.99
4000	Men's Pants	\$23.99	\$26.99
	Nurse Duty Shoes		
	Female	\$59.99	
	Male	\$69.99	

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