



## Pharmacy Tech

Application & Registration Form

541.880.2243 | [ce@klamathcc.edu](mailto:ce@klamathcc.edu)

### Program Mission:

Students will be eligible to take the NHA (National Healthcare Association) certification exam to become a certified pharmacy technician. Students will be able to earn a non-credit training certificate from Klamath Community College.

### Course Description:

This 20-week course has 16 evening labs, practice exams, and lectures. This course will provide the how a pharmacy technician assists in the day-to day pharmacy operations which do not require the professional judgement of a pharmacist. These operations include: entering prescription orders, packaging and labeling prescriptions, operating automated dispensing devices, maintaining inventories, processing insurance claims, compounding sterile medications, reconciling medications, assisting with medication therapy management, and using mathematics to solve various calculations including flow rates, days supplies, and individual and daily doses.

Participation and attendance are mandatory to be placed in an internship and to take the national certification exam. You are allowed two absences during this program, which you should save for illness and emergencies that prevent you from attending class.

This course has a student cap of 15 students. Students will be entered into the program on a first come, first serve basis.

### Prerequisites & Program requirements:

- Copy of HS Diploma or GED equivalent
- Copy of Hep B series & negative TB test
- Must be 18 + before class starts.

### Requirements to be completed during training:

- BLS American Heart Association card
- Immunization Training
- Start online application for Licensure Pharmacy Technician\*\*
- Start online application for Pharmacy Tech Certification on NHA website
- Schedule time and date to take Exam (cost of exam is included in the cost of the program if the student takes the exam within 6 months of completing the course)
- Pass a random Drug Screen & Background check\* (No refunds due to inability to pass background check/drug screen)
- Attend resume and interview workshop

**\*\*To be eligible for licensure with the Oregon Board of Pharmacy, you must complete a national fingerprint-based background check. Results are valid for a period of 12 months. If you have not completed the background check process within the past 12 months, you will be sent the instructions to obtain your fingerprints after your application; \$41.25 fingerprint background processing fee and \$100.00 application fee have been received by the Oregon Board of Pharmacy. There is an additional \$12.50 fee that is required when you schedule your fingerprint appointment at a Field print facility near you. Your fingerprints will be electronically submitted to the Oregon State Police and the results will be sent to the Oregon Board of Pharmacy. Please allow an average of 30 days for the Oregon State Police to process your fingerprints.**

**\*Screening can be conducted any time prior to the start of internship. All applicants understand that inability to pass the drug screen and/or background check will affect their ability to complete internship and program requirements.**

**\*Disclaimer: Although marijuana may be legal in the state of Oregon for adults over the age of 21, most providers do not allow it and therefore we cannot accept any student into the internship that tests positive for marijuana on their drug screen.**

**If you have any questions about your ability to meet these requirements, please contact the Workforce/Community Education Department Coordinator at 541-880-2243.**

### **Course Topics:**

1. Managing inventory
2. Receiving prescription requests from patients and doctors' offices
3. Accurately measuring medication amounts
4. Establishing and maintaining patient records
5. Accepting payment for prescriptions and processing insurance claims

### **Schedule:**

**Mondays, Tuesdays, and Thursdays, 05:30pm-8:30pm.**

### **Course Supplies:**

**All supplies including a textbook is provided to all students. Students will need to purchase solid colored scrub top to wear to class.**

### **Course Cost: \$2,920**

**Payment is due the first week of class. This class is not eligible for financial aid. A payment plan is available in installments of 3. Please inquire with the Cashier's Office in Building 9.**

### **Student Grant Options:**

- **KCC Foundation Scholarships**  
Non-credit/Apprenticeship (EAO) scholarship  
Student Emergency Scholarship  
Contact: Lisa Carter, 541-880-2234, [carter@klamathcc.edu](mailto:carter@klamathcc.edu)
- **STEP Program at Klamath Community College**  
Must be receiving SNAP benefits (food stamps).  
Contact: Reynda Scobee, STEP Coordinator, 541-880-2343, [Scobee@klamathcc.edu](mailto:Scobee@klamathcc.edu)
- **STEP Program at Worksource**  
Must be receiving SNAP benefits (food stamps). 30-day eligibility period  
Contact: Tangie, Lead STEP Coordinator,  
[Tangie.M.MCREYNOLDS@employ.oregon.gov](mailto:Tangie.M.MCREYNOLDS@employ.oregon.gov) or visit Worksource to make an appointment.
- **Workforce Innovation Opportunity Act (WIOA) Federal Program at Worksource & Klamath Works**  
Must be receiving SNAP, TANF, SSI, Dislocated worker/displaced homemaker or low-income. 30-day eligibility period  
Contact: Tina Scotton, WIOA Manager 541-891-4667, [tina@klamathworks.com](mailto:tina@klamathworks.com)
- **Vocational Rehabilitation training funds**  
Voc. Rehab assists individuals with disabilities for job placement that matches their skills, interest, and abilities.  
Contact: Tammi 541-883-5614

### **Job Placement:**

- A resume and interview class are included in this course. KCC also has a Career Center located in Building 4. They are able to provide job search assistance, resume, cover letter, and interviewing techniques.

### **Application/Registration Process:**

- Please scan all documents in PDF version to [ce@klamathcc.edu](mailto:ce@klamathcc.edu) or make an appointment to submit your documentation in person.
- You will receive a letter of admissions to your email with next steps.



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Name \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Mailing Address Line 1 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

MM/DD/YYYY

Gender

☐ Male

☐ Female

Marital Status ☐ Married ☐ Single Ethnicity ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race (check all that apply) ☐ African American/Black ☐ American Indian/Alaska Native

☐ Asian

☐ Pacific Islander

☐ White

Social Security Number \_\_\_\_\_

Providing your social security number is **not required for Community Education**. If you plan to take credit classes and apply for Federal Financial Aid, it will be required.

In order to receive a refund, students must fill out an Add/Drop Form. Refunds are based on the following criteria: **Students must drop prior to first class in order to receive refund.**

KCC is required to collect some of the data for institutional compliance. We appreciate your cooperation. Non-Discrimination Policy: Klamath Community College is an equal opportunity educator and employer.

Payment Options: (check one)

☐ Credit Card ☐ Enclosed Check ☐ Enclosed Cash ☐ Scholarship Name: \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

CVC # \_\_\_\_\_

☐ Visa

☐ MC

☐ Discover

I hereby certify that I have provided complete and accurate information on this form, and I understand that if it is found to be otherwise, it is sufficient cause for rejection or dismissal. Signature also confirms payment.

Student Printed Name

Student Signature

Date



## HEPATITIS B VACCINATION HEALTH PROFESSION STUDENTS

HEPATITIS B VIRUS (HBV) causes a viral infection which involves the liver. The spectrum of disease ranges from asymptomatic infection to fulminant disease, which may lead to death. Six to ten percent of infected young adults become carriers of the infection. Over 25 percent of these carriers develop chronic active Hepatitis, which often progresses to cirrhosis. There has been an association demonstrated between the Hepatitis B carrier state and the occurrence of liver cancer. The disease is spread by introducing infected blood or body fluids into the body by percutaneous or per mucosal routes, i.e., sharps injury, getting infected blood or body fluids into non-intact skin or on mucous membranes, and by sexual contact and intravenous drug use. There is evidence that there is an increased risk of HBV infection for healthcare workers who have frequent contact with blood and body fluids. In addition, a more virulent form of Hepatitis is associated with superinfection or coinfection by the Delta virus. Delta virus can only infect and cause illness in persons with Hepatitis B infection. Therefore, persons immune to HBV infection are also immune to Delta virus infection.

HEPATITIS B VACCINE immunizes against infection caused by all known subtypes of HBV. It is a vaccine prepared from cultures of a recombinant strain of yeast *Saccharomyces cerevisiae*. The vaccine contains thimerosal (a mercury derivative) and as preservative.

**INDICATIONS FOR USE:** The Hepatitis B vaccine is indicated for persons at increased risk of developing HBV infection and who have demonstrated to be susceptible to HBV. Risk is based on the frequency of contact with blood or body fluids.

Healthcare workers without occupational exposure to blood or body fluids are at no greater risk of infection than the general population.

**PRIMARY ADULT VACCINATION** consists of a series of three intramuscular injections of one ml. each. The first dose is given at the selected date. The second and third doses follow the first by one and six months, respectively.

Administration of doses at longer intervals may be equally protective, but optimal protection is not achieved until after the third dose. Vaccination of carriers will not cause harmful or beneficial effects.

**ANTIBODY TESTING** prior to receiving the Hepatitis B vaccine is recommended to determine the immune status of the individual. Post-vaccine antibody testing is also recommended to determine immunity induced by the vaccine.

**REVACCINATION NONRESPONDERS:** When persons who do not respond to the primary vaccine series are revaccinated, 15%-25% produce an adequate antibody response after one additional dose and 30%- 50% after three additional doses.

**BOOSTER DOSES** for adults with normal immune status, booster vaccine doses are not recommended, nor is routine serologic testing to assess antibody status after the primary post-vaccine antibody screening.

**SIDE EFFECTS** consist mostly of pain at the injection site (3%-29%) and a slight fever (1% to 6%).

PRECAUTIONS: Persons with hypersensitivity or allergic reaction to yeast or other vaccine components should not be given recombinant Hepatitis B vaccine. Neither pregnancy nor lactation should be considered a contraindication to vaccination.

\_\_I received the Hepatitis B vaccination series in the past at

\_\_\_\_\_ (facility) on

\_\_\_\_\_ (Approximate date)

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

Date	Site	Given by
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1.		
_____		

2.		
_____		

3.		
_____		



## **HIPAA CONFIDENTIALITY STATEMENT**

I understand that during my clinical rotations I may have access to confidential information about clients, patients, their families and clinical facilities. I understand that I must maintain confidentiality of all verbal, written or electronic information and in some instances, the information may be protected by law, such as state practice acts or other regulatory standards. In addition, the client's right to privacy by judiciously protecting information of a confidential nature is part of the health professionals expected behavior.

Through this understanding and relationship to professional trust, I agree to discuss confidential information only in the clinical setting as it pertains to patient care and not where visitors and/or other patients may overhear it.

During each clinical rotation in the education program, I agree to follow each agency's established procedure on maintaining confidentiality.

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STUDENT SIGNATURE

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DATE

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PRINTED NAME



## MEDIA RELEASE

I, \_\_\_\_\_, **authorize** KCC, and any additional agencies (*indicated here*)

\_\_\_\_\_ to use my image, likeness, or name in media releases, promotional displays, on websites or on other printed or graphic materials.

I, \_\_\_\_\_, **do NOT authorize** KCC, and any additional agencies to use my image, likeness, or name in media releases, promotional displays, on websites or on other printed or graphic materials.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

1. What Super Bowl number is this?



2. Your friend is going on vacation for 14 days. If you water their plant twice daily each day they are away, what is the total number of times the plant will be watered?

3. To make 1 dozen cookies a recipe calls for:

- 2 eggs
- 1 cup flour
- $\frac{3}{4}$  cup sugar
- 1 tsp vanilla
- $\frac{1}{2}$  tsp baking powder
- $\frac{1}{4}$  tsp salt

How much would you need of each ingredient to make 3 dozen cookies?

Eggs: \_\_\_\_\_

Flour: \_\_\_\_\_

Sugar: \_\_\_\_\_

Vanilla: \_\_\_\_\_

Baking Powder: \_\_\_\_\_

Salt: \_\_\_\_\_

4. You have 30 almonds. If you eat 2 almonds every day before breakfast, lunch, and dinner how many days will the almonds last?
5. There are 15 males and 10 females in a pharmacy technician class. What is the ratio of males to females?
6. If  $1\text{kg}=2.2\text{lbs}$  how many pounds= $20\text{kg}$ ?

7.  $\frac{1}{3} + \frac{1}{2} =$

8. Convert the fraction to a decimal

$$\frac{1}{4} =$$

9.  $\frac{1}{3} \div \frac{1}{3} =$

10. Given the value of y, use the equation  $5x = 9y + 160$  to solve for x.  $Y = 10$

**Did you use any outside resources to complete the math test?**

☐ YES    ☐ NO

This program requires regular use of computers for online coursework, pharmacy software simulations, and communication. How would you rate your current computer skills?

Please select the option that best describes your ability:

A) I am very comfortable using computers and can independently navigate software, email, and the internet.

B) I have basic computer skills but may need occasional help with new software or tasks.

C) I have limited experience with computers and would need significant support to complete online tasks.



# FERPA Consent to Release Student Information

Office of Registrar · Building 3 · 7390 South Sixth Street · Klamath Falls, OR 97603

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID Number

It is the policy of Klamath Community College, in accordance with the Family Education Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' education records unless the student has consented to disclosure. Private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student. Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, \_\_\_\_\_, authorize Klamath Community College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Klamath Community College.

Please initial all that apply:

\_\_\_\_\_ All financial records in the Business Office

\_\_\_\_\_ All Financial Aid Information

\_\_\_\_\_ All academic records in the Registrar Office

\_\_\_\_\_ All medical/ disability documents in Student Support Services

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Persons to whom information can be released:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

All listed persons will have access to the initialed information/ departments above. If a person shall have access to different information than listed, student must complete a separate form for said person.

Please provide the contact information for the previously stated persons to whom information can be released.

<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>
<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>	<p>Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Phone Number: (____) _____</p> <p>Email: _____</p>

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above-named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Klamath Community College.

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

\_\_\_\_\_  
Date

Return to Enrollment Services

Received By: \_\_\_\_\_ Date: \_\_\_\_\_