Linn-Benton COMMUNITY COLLEGE

Winter 2015

Pharmacy Technician Bulletin

Program Overview
The primary goal of the Pharmacy Technician Training Program is to prepare students for employment as pharmacy technicians, including preparing students to pass the national Pharmacy Technician Certification Test to become Certified Technicians. The program combines classroom instruction with lab work and clinical experience. The curriculum is based on the learning objectives established by the American Society of Health Systems Pharmacists and the national accrediting body for pharmacy technician programs.

This program was developed to meet the basic curriculum requirements of the Pharmacy Technician Educators Council. Accordingly, courses such as Pharmacy Law & Ethics, Pharmacy Mathematics and Pharmacy Work Experience were incorporated. These courses help students develop skills in areas of communication and interpersonal relations including teamwork, responsibility and initiative.

Program Format Classes will be held at Lebanon Community Hospital. A group of up to 22 students will enter the 18-week training as a cohort. Classes are offered only to the students admitted to this program. Students attend class for approximately 35 hours a week. Students should be available 8-5, Monday - Friday. Students complete 25 credits.

Program Dates: **February 2 – June 5, 2015** at Lebanon Community Hospital and area pharmacies.

Estimated Program Cost: $5,500 (subject to increase)

MANDATORY Pre-Application Information Session: September 10, 10-Noon <u>or</u> September 23, 1-3 PM <u>or</u> September 29, 11-1 PM at LBCC's Lebanon Center, 44 Industrial Ave, Lebanon, OR 9355, <u>or</u> October 28, 9-11 AM <u>or</u> November 5, 2-4 PM at LBCC's Albany campus. You must attend one entire session before turning in an application. Sessions will be held at LBCC's Lebanon Center. Signs to the room will be posted. Attendees are expected to bring a copy of this bulletin.

Application Dates: Online application opens**: December 1, 2014, 9:00 AM**
(Early applications will not be considered)
Academic/Residency Priority ends: **December 5, 2014 5:00 PM**

Supplemental Documentation Deadline: Within 2 business days of submitting your online application

Admission Decision: Emailed to your LBCC student email account during the week of **December 8, 2014**

Post-Admission Requirements Deadline: January 19, 2015 (see last page)

Admission: Applications are accepted on a first-come, first-served basis with preference given to residents and students with previous college experience. It is your responsibility to be informed and adhere to all requirements, procedures and deadlines as they change from year to year. New applicants to LBCC as well as previously admitted LBCC students must complete the following application process.
Residency Priority will be first given to residents of the Linn-Benton Community College (LBCC) tax district followed by in-state, out-of-state and then international applicants. To determine whether or not you live at such an address (whether you rent or own), please refer to your property tax statement, or inquire at your county tax assessor's office. Some addresses at or near the Linn or Benton county lines, though inside the county lines, may not be within the LBCC District.
Academic Priority will be given to students within each residency category who have demonstrated success in college level credit coursework taken in a community college or university setting.

Cancellation: Sessions are subject to cancellation if a minimum number of eligible students are not admitted. Students must reapply for later sessions.

Admission Limitations

Linn-Benton Community College
6500 Pacific Blvd SW Albany, OR 97321-3774 - (541) 917-4811
www.linnbenton.edu TTY# (541) 917-4825

►**Application Completion**: Students must show proof of completing all Minimum Application Requirements. Failure to do so may result in application denial.

►**Academic Standing:** Students must be in Good Standing academically at LBCC during the entire application and admissions process in order to be admitted to this program. To view your status log in to WebRunner, click on "Student", click on "Registration", and then click on "Check Your Registration Status". For additional information on how LBCC determines Academic Standing go to: http://www.linnbenton.edu/admissions1. Contact your advisor prior to applying if you are not in Good Standing.

►**Financial Standing:** Students must be in Good Standing financially at LBCC during the entire application and admissions process in order to be admitted to this program. Use the directions noted under Academic Standing to view whether you have Holds on your account.

►**Student Conduct:** Students must be in Good Standing with Student Services during the entire application and admissions process in order to be admitted to this program. Use the directions noted under Academic Standing to view whether you are currently in Good Standing.

NOTE Regarding Financial Aid:
The Federal Financial Aid standards and policies regarding Satisfactory Academic Progress (SAP) are not identical to the college's standards which determine your Academic Standing.

To view your current SAP status log in to WebRunner, click on "Financial Aid", then click on "Your Financial Aid Status". Select "academic progress" to view additional information regarding your status. Poor Financial Aid SAP status will not limit your potential admission into this program, but may severely affect your funding options. To find out more about how Financial Aid SAP at LBCC is determined go to: http://www.linnbenton.edu/financial-aid/academic-standards

Civil Rights

►**LBCC Statement of Nondiscrimination:** LBCC prohibits unlawful discrimination based on race, color, religion, ethnicity, use of native language, national origin, sex, sexual orientation, marital status, disability, veteran status, age, or any other status protected under applicable federal, state, or local laws. (For further information http://po.linnbenton.edu/BPsandARs/) Board Policy P1015

►**Persons Responsible for Coordinating Title II** (ADA reasonable accommodations)**, Title IX** (gender discrimination)**, and Section 504** (discrimination against individuals with disabilities – a civil rights issue)**:**

***Affirmative Action Officer*:** Scott Rolen, 541-917-4425
ADA Coordinator (Students): Carol Raymundo, 541-917-4690
ADA Coordinator (Employees/Applicants): Kathy Withrow, 541-917-4420
Title IX Coordinator: Lynne Cox, 541-917-4806

►**Discrimination/Harassment Complaint Process:** If you feel you have been discriminated against in any interaction at Linn-Benton Community College or have been harassed by another person while at LBCC please contact us immediately based on the following:

A student complaint about another student:
Contact: Lynn Cox, 541-917-4806, coxly@linnbenton.edu
A student complaint about an LBCC staff member:
Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu
An LBCC staff member complaint about another staff member or student:
Contact: Scott Rolen, 541-917-4425, rolens@linnbenton.edu

This information can be found at
http://www.linnbenton.edu/current-students/administration-information/policies/equal-opportunity

2015 Pharmacy Technician Minimum Application Requirements:

All applicants must meet the minimum application requirements listed below by the supplemental documentation deadline. If you satisfy the requirements you will be considered a qualified applicant. All supplemental documentation (also listed below) must be submitted/postmarked (c/o LBCC Special Admissions) in a sealed envelope within 2 business days of completing your online application. Failure to do so may result in your application being denied. Once supplemental documentation is submitted, new materials may not be added.

All minimum application courses must be completed with a grade of "C" or better at a regionally accredited institution. Courses must be completed by the end of the term during which applications are accepted. Course equivalencies are considered on a case by case basis and are not guaranteed. Official transcripts showing proof of coursework not completed at LBCC must be submitted in the sealed envelope from the institution(s) where the transfer course(s) were completed, and may be sent to LBCC ahead of your application. Proof of Fall Term enrollment wil be accepted pending proof of completion with at least a "C" grade by December 15, 2014.

- ❒ Prior to the day applications open, it you have ever been an LBCC student, log into WebRunner to view your Academic, Financial, Student, and Financial Aid statuses (see Admission Limitations on page 2)
- ❒ Attend one of the MANDATORY Pre-Application Information Sessions (see page 1)
- ❒ Log in to WebRunner to view your Academic, Financial, Student and Financial Aid statuses (see page 2)
- ❒ Complete the ONLINE Application for Admission (see next page)
- ❒ If submitting non-LBCC transcripts, complete the Transfer Evaluation Form at www.linnbenton.edu/forms; select "Yes, use to waive for placement test" if you also want your transcripts evaluated for that consideration.
- ❒ Submit all applicable supplemental documentation in an envelope with your legal name and the program title written on the front to: LBCC, Willamette Hall room WH-120, 6500 Pacific Blvd, Albany, Oregon 97321
  - **Application Fee:** Submit payment of the non-refundable, one-time $30 LBCC Admissions fee
  - **Background Check Release:** Complete and submit the Criminal Background Check Release Agreement
  - **Compliancy:** Complete and submit the Statement of Understanding and Compliance
  - **Residency Priority:** Submit proof of your official residency for the 90 days prior to December 1, 2014 by completing the Residency Information Required for Special Admission Programs form along with supporting documentation; see page 1 for information on Residency Priority
  - **High school graduation or GED:** Submit a copy of your high school diploma or GED certificate; without this proof you will be unable to take the national Pharmacy Technician certification exam. NOTE: The Oregon Modified Diploma may not be used to meet this requirement because the Oregon Board of Pharmacy will not accept it as proof of high school graduation for licensing purposes.
  - **Math: MTH 060 after February 2, 2010** – Introduction to Algebra
  - **Writing: WR 095** – College Writing Fundamentals
  - **Academic Priority:** Submit proof of college level coursework (if applicable; see page 1)

Petition Process: *To petition for an exception to a minimum application requirement complete a Petition to Waive Minimum Admission Requirement to a Special Admissions Program form (available through LBCC Admissions).*

Admitted Students Only: If admitted, you will be required to complete Post-Admission Requirements by the dates outlined in your admission letter in order to keep your seat in the program (see last page of this bulletin).

Application Questions
Lorraine Lara, Academic Planning Asst.
541-917-4544
lorraine.lara@linnbenton.edu

Program Questions
Marty Schulz, Faculty
541-917-4934
marty.schulz@linnbenton.edu

Course Questions
Barbie Dubois, Program Asst.
541-917-4927
barbie.dubois@linnbenton.edu

2015 Pharmacy Technician
Online Application Information

When applying for the Pharmacy Technician Program, you are required to apply online. Applications will open online on December 1, 2014 at 9:00 am. Online applications receive an automatic time/date stamp. Early application will not be considered. Academic/Residency Priority ends December 5, 2014 at 5:00 pm.

LBCC Students: Log in to your WebRunner account, select the **"Student"** tab, select **"Admissions"**, select **"Apply with an Online Application"**, and then follow the process below beginning at **step 6.**

New Students: Students who have never attended or applied to LBCC must begin at **step 1.**

1. Go to the web page http://webrunner.linnbenton.edu/admit_home.htm
2. Create an Admission Application by clicking the **"I Want to Earn a Degree or Certificate"** button
3. Create a Login **ID**: _____
4. Create and verify a **PIN**: _____
5. Click **"Login"**
6. Select "**Pharmacy Technician"** from the Application Type drop down options (See NOTE below)
7. Click **"Continue"**
8. Select "**Winter 2015"** from the Admission Term drop down options
9. Enter at least your **first** and **last name** into the appropriate boxes[1]
10. Complete all the online application checklist items before submitting:
    - ✓ Name
    - ✓ Permanent Address
    - ✓ Mailing Address if different
    - ✓ Personal Information[1]
11. Once all checklist items are completed, submit your application by clicking **"Application is complete[2]"**

NOTE: If you are applying within the application dates noted above but are unable to view this program on the Application Type list, create a new application by starting at Step 1 and creating a new Login ID and password.

REMEMBER:
The supplemental documentation in entirety must be submitted/postmarked in a sealed envelope in entirety, c/o LBCC Special Admissions, WH 120, within 2 business days of submitting your online application. Submit all documentation you believe is necessary to satisfy the application requirements. Failure to do so will result in your application being denied. You may NOT add new information once submitted.

TIPS: [1] Date of Birth (DOB) and Social Security Numbers (SSN) are used to help ensure applications are not mismatched between LBCC applicants with the same names. This information is very useful, but is optional for the purposes of this online application.

[2] Once you submit your application a time/date stamp will be applied electronically. If additional information is needed to process your application, the original stamp will remain and you will be contacted by a staff member from the Admissions department. Failure to provide accurate information will result in your application being delayed and may result in it being denied.

2015 PHARMACY TECHNICIAN
STATEMENT OF UNDERSTANDING AND COMPLIANCE

Initial:

____ I understand that communication from LBCC regarding my application to this program will be made using my LBCC student email account (applicants who have never been admitted to nor registered for a class at LBCC will be contacted via the email address they provide with their application).

____ I have read, understand and agree to uphold those policies put forth in LBCC's Students Rights and Responsibilities Handbook, including the Standard of Student Conduct located at www.linnbenton.edu/studentrights/.

____ I have read and understand my civil rights as a student at LBCC.

____ I have read this Pharmacy Technician Bulletin and understand that it is my responsibility to be aware of and comply with all requirements by the deadlines specified in the bulletin.

____ I have read and understand the information on page 2 regarding Admission Limitations and Financial Aid SAP.

____ I understand that only the forms included in the current Pharmacy Technician application packet may be used, however, they may be copied if more than one of the same form is needed.

____ I understand some occupational health hazards include the use of latex gloves and mask, therefore, I will meet with the Pharmacy Technician advisor if I have skin or breathing disorders to consider my risk factors.

____ I understand that it is my responsibility to prove my residency by supplying the appropriate documentation, regardless of how long I have lived at my current address.

____ I understand that, if admitted, I will be required to complete and pass all post-admission requirements and meet all deadlines as set by the program in the Admission letter in order to remain admitted in the program.

___ I understand it is my responsibility to have transportation to and from my clinical site.

____ I understand that my social security number (SSN) will be matched against the US Department of Health & Human Services list of individuals who are barred from any participation in federally funded health programs. If on the list, I am not eligible to participate in this program.

____ I understand that, if admitted, I will be required to complete and pay for the Oregon Board of Pharmacy Initial Pharmacy Technician license. The process includes a life history criminal background check and the results will determine my eligibility to be in the program.

____ I understand that, if admitted, I will be required to pay for and submit for review proof of the required immunizations/medical screens as per the Admission letter. It will be my responsibility to keep all immunizations current.

____ I understand that if I am suspected of or known to have a communicable disease which may be transmitted under normal Pharmacy Technician activities, I will be required to have documentation of medical treatment prior to participating in clinical/lab assignments.

____ Student Drug Testing Notification: Cooperating with the drug testing policies of any work experience, clinical or cooperative teaching site is a condition for continued enrollment in the course and/or related academic program. A student may be required to comply with the non-LBCC instructional site's drug test policy. Testing may be random and unannounced or conducted when a reasonable belief that work behavior may be the result of the presence of a drug. The presence of prescription or non-prescription drugs, controlled substances or cannabis may result in immediate dismissal from the work site and disenrollment from the course and/or related academic program if the course is a requirement for program completion. The student may be subject to appropriate disciplinary action for violating the Standards of Conduct as outlined in the Students Rights and Responsibilities document.

____ I understand that, if admitted, it will be my responsibility to attend the mandatory orientation on the date and time noted in my Admission letter in order to keep my seat in the program.

____ I understand that, if admitted, I must maintain a minimum "C" grade in each required course in order to continue in the program, and courses must be taken in the specified sequence.

____ I understand that I must complete all LBCC Admissions processes as well as the requirements for graduation, which includes payment of all required LBCC fees & tuition.

____ I understand that, if I wish to grant a third party (employer, TAA, CSC, spouse, etc) access to information regarding my application status, grades, etc, I must complete and submit the Disclosure Authorization form available at www.linnbenton.edu/forms or update this information through WebRunner.

_____ _____

Applicant's Signature Date

RESIDENCY INFORMATION REQUIRED FOR SPECIAL ADMISSIONS PROGRAMS

For admission to special programs, a resident is defined as someone who established permanent residency 90 days before the first day applications are accepted for that program. Permanent residence is defined as the home a person intends to return to after any absence, and in which one's dependents reside for an unlimited period of time. You must complete the residency information below and provide at least one document from Category 1 AND one document from Category 2 to prove your permanent residency status.

NOTE: Not all student Visas allow students to claim USA permanent residential status and/or be admitted to this program. International students need to consult International Admissions to see if they are eligible to apply. Go to http://www.linnbenton.edu/international-students for more information.

CATEGORY 1 (One of below)

Rent receipts with your name, resident address, and dates of occupancy for the period of time in question. (Rental agreements are not acceptable.)

Notarized affidavit substantiating your permanent residency for the period of time in question. (Applicants cannot complete the Affidavit for Residency for themselves.)

Documents proving your own Oregon property and that the property is your permanent residence.

CATEGORY 2 (One of below)

Oregon driver's license

Oregon vehicle registration with your resident address.

Oregon state income tax return (for previous year) with resident address.

Verification of local bank account showing resident address.

Oregon voter registration.

Oregon Hunting/Fishing license.

ALL documents must have your name and permanent address for the period of time in question. The address on these documents must agree with the permanent address on your application form or the previous addresses you have listed below.

COMPLETE THE INFORMATION BELOW

Name _____ Phone _____

ID # or SS# _____

Program for which you are requesting to establish your residency _____

Please list all addresses you have lived at for the time period involved (see the special admissions bulletin for the time period).

_____ _____

Street City State Zip Time Period

_____ _____

Street City State Zip Time Period

_____ _____

Street City State Zip Time Period

List the two documents you are submitting to verify your permanent address.

Category 1 _____ Category 2 _____

The above information is a true and accurate statement of my residency.

_____ _____

Student signature Date

Linn-Benton COMMUNITY COLLEGE

Admissions & Records

AFFIDAVIT OF RESIDENCY IN OREGON

STATE OF OREGON)

COUNTY OF _____)

I, _____ , being first duly sworn, state the following:
(Landlord certifying residency)

That _____ has lived at
(student's name and ID #)

_____
(street, city, state)

since _____ .
(date first at above address)

By affixing my signature, I hereby affirm that this information is accurate and correct. I further state that my statement is not for any fraudulent purpose.

_____ _____
(date) **(signature of Landlord certifying residency)**

NOTARIZATION: Subscribed and sworn before me this ____ day of _____ , 20 _____

_____
Notary Public for the State of Oregon

My Commission expires:

6500 Pacific Blvd SW Albany, Oregon 97321 (541) 917-4812

LINN-BENTON COMMUNITY COLLEGE
CRIMINAL BACKGROUND CHECK (CBC) RELEASE AGREEMENT

NAME: _____ PROGRAM: _____

SSN: _____ PHONE: _____

E-MAIL: _____

STUDENT ADDRESS: _____ City: _____ State: _____ ZIP: _____

I understand, if admitted, I will be required to apply for and receive an Oregon Board of Pharmacy Initial Pharmacy Technician license. This process includes a FBI finger-print based criminal background check. Instructions (including cost info) will be included with my letter of admission.

LBCC does not guarantee, or assume any responsibility for the accuracy of the information obtained from the background check performed through the Oregon Board of Pharmacy, or other sources, and shall not be liable for any losses or injuries now or in the future resulting from or relating to the information provided to or by them.

I understand the reports they obtain may include specific and personal information about my character, general reputation and background. I authorize LBCC to report whether my background checks are "clear" or "not clear" (meaning the reports show reportable incidents, or exclusions) to external clinical or practicum sites. I understand this will be done in order to place me in a clinical practicum or work experience situation. I understand this is the sole use and purpose of this information and that LBCC will otherwise keep this information confidential in compliance with rules regarding the privacy of student records, Fair Credit Reporting Act and other applicable regulations. I also understand that if my CBC is "not clear," I must contact the Oregon Board of Pharmacy to inquire regarding what appeal processes they may or may not have.

I understand and acknowledge these background checks are not being used to determine my general admission to LBCC, they do not guarantee eligibility for clinical placement, licensure or employment in my chosen field of study. If the CBC results prevent me from being placed in a clinical or practicum experience, I acknowledge I will not be admitted to the program and my space will be given to the next eligible applicant. I agree to run a true and accurate report based on my personal history that will include all information requested of me.

I understand any falsification, misrepresentation, or omission of required information may result in immediate removal from the program and disciplinary action may be taken. If admitted and subsequently any exclusion found by Oregon Board of Pharmacy that will disqualify me from clinical placement or licensure, I understand I will be disqualified from continuing in the program.

If I am charged with a crime, but not convicted, I may be subject to significant disruption in my clinical placement (and overall progression through the program) if the clinical site requires the charge be resolved as a condition of continuing in that placement. The college cannot control the factors a clinical site may use to restrict a student from its premises. It may be necessary for LBCC personnel to consult with clinical site personnel on matters related to past, or pending, criminal charges; my signature below is my consent to such consultations.

I have read and understand this release agreement and the Fair Credit Reporting Act information located at http://www.ftc.gov/bcp/menus/consumer/credit/rights.shtm, and agree to hold LBCC, its officers, agents and employees harmless from any liability resulting from the use of the information requested.

By my signature I agree to the above terms.

_____

Student Signature Date

Questions? Contact Dorothy Moran at dorothy.moran@linnbenton.edu

2015 Pharmacy Technician Post Admission Requirements

Applicants who receive an Admission email for this program will be required to complete all the tasks listed in their admission letter by the deadlines given to keep their seats in the program. All necessary instructions to do so will be provided with the admission email. The requirements and estimated costs listed below are subject to change:

ADMITTED STUDENTS ONLY must complete all Post Admission requirements to keep their seat in the program:

1. **Proof of Fall Term completion:** If applicable, submit proof of Fall term minimum requirement course completion with a "C" grade or better. If completed at another institution, proof must be through submission of official transcripts.

2. **Oregon Board of Pharmacy Initial Pharmacy Technician license**. This process includes a Federal finger-print based criminal background check. Forms and instructions (including cost info) will be included in your admission email.

3. **Registration:** You will be registered for your classes by the Program staff.

4. **Deposit**: Pay the mandatory deposit and submit the appropriate Deferred Note Contract (DNC)*

5. **Health and Training Documentation**: Electronically submit the appropriate documentation (estimated review and tracking cost: $20; NOT included in program cost estimate).
   a. **Hepatitis B**** – positive titer (blood test) <u>or</u> 3 dose series
   b. **MMR (Measles, Mumps, Rubella)**** – positive titer <u>or</u> 2 dose series
   c. **Varicella (Chicken Pox)**** – positive titer <u>or</u> 2 dose series
   d. **Tdap (Tetanus, Diptheria and Pertusis)**** – 1 dose within last 10 years
   e. **TB (Tuberculosis) Skin Test (PPD)**** – Negative PPD within last 12 months and repeated annually
   f. **CPR –** Submit proof of current Healthcare Provider *or* Professional Rescuer CPR certification *through either* Red Cross *or* American Heart Society *only*; students are required to keep CPR current throughout the duration of the program

6. **Drug Screening:** Complete a drug screen (estimated cost: $45; NOT included in program cost estimate). Instructions will be provided with your admission email.

NOTES:

* **Tuition, Expenses and Financial Aid:** The estimated cost of the program is $5,500 (subject to increase). This includes required books, registration, lab fees and instructional costs. Payment options and plans are available to those who qualify. You may pay online with a credit card or through the LBCC Business Office. The cost of your immunizations, Oregon board of Pharmacy student license (includes life-time criminal background check), drug screen and Certification Exam are not included in the cost of the program.
<u>Students NOT receiving financial aid</u>, unless paying for the program in full, must complete a deferred note contract (DNC) and pay a deposit of 1/2 of the program cost ($2,750 – subject to increase).
<u>Students who receive a financial aid award</u> for Pharmacy Technician must complete a DNC for financial aid recipients and pay a deposit of $415 (subject to increase). The deposit is due before any financial aid is received. An award document must accompany the DNC. Please call 541-917-4927 with any questions.

** Documentation: Proof of vaccination/medical screening must be a copy of an official immunization card / copy of an original immunization/medical screening document. Documentation must include: 1) Your name, 2) Date of Birth, 3) Agency or provider administering the injection, test, etc, 4) Name of injection, test, etc and results, if applicable, 5) Date of injection, test, etc, 6) Signature, official stamp or letterhead of your provider.