

Pharmacy Technician Program Application

Please read carefully and make copies of any completed forms to keep for your own records before turning in.

Thank you for choosing to apply to the Pharmacy Technician Program at Walters State Community College. The faculty looks forward to working with you.

If any you have questions concerning your application you may call **423-585-6981** and/or schedule an appointment with the Program Director. To be eligible for acceptance into the Pharmacy Technician program, you must complete the following steps:

1. If you are not currently a student at Walters State, you must also submit an application for college admission to the WSCC Office of Admissions
2. Even if you have registered for Pharmacy Technician courses, complete the Pharmacy Technician application to assure us of your intention for this coming year.
3. Enclosed in the application are forms that must be signed/completed upon entering the Pharmacy Technician program. Read these forms. Sign/Complete where necessary.
 - a. Pre-program self-evaluation.
 - b. Alcohol/Drug Policy.
 - c. Consent and Agreement Form.
 - d. Student Confidentiality/Non-Disclosure Acknowledgement (HIPAA)
 - e. Criminal Conviction Statement.
4. You will also be required to list work history/experience, and at least one reference.
5. Please make sure to bring Pharmacy Technician Program Handbook, which can be purchased at the bookstore, to the orientation for new pharmacy technician students. Attendance is mandatory. Information concerning the dates and times for orientation is posted each semester in the college Timetable.

* The Program Director shall screen students' math and English proficiencies using the students ACT, GED scores, or high school transcripts to access areas of deficiencies. This screening will serve as a tool to better advise the student what degree of successfulness can be achieved in the program as well as offer recommendations for tutoring or refresher courses.

Complete all above steps and submit the application to the Program Director *at least one month* prior to entering the program. Either drop off the application at the Health Programs Division Office or mail it to:

**Walters State Community College
Pharmacy Technician Program Director
500 South Davy Crockett Parkway
Morristown, TN 37813**

Walters State Community College is supported by state funding and therefore must consider in-state residents before out-of-state residents for acceptance into the Pharmacy Technician program. Please contact the Office of Admissions for assistance in determining Tennessee residency.

**Walters State Community College
Pharmacy Technician Program
Application for Admittance to Program**



Name: _____

Date: _____

Social Security Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: Home: _____

Work: _____

Cell: _____

Other: _____

Please Answer the Following:

- Have you applied and been accepted by Walters State Community College?
 Yes No

- Have you ever been dismissed or failed from any health care related academic program at WSCC or any other school?
 Yes No

- Which semester do you plan to enter? : Fall Summer Spring

- Do you plan to take classes: Full-time Part-time

- Do you hold or have you ever held a license or certification in a health field in this or any other state? Yes No
If yes, please list _____

- Have you ever had a license or certification in a health field revoked/suspended or put on probation? Yes No
If yes, please list (license, state, and reason)

- Are you able to perform the Pharmacy Technician core performance standards as described in the college catalog and program brochure with or without accommodations?
 Without With, (please explain) _____

- Have you had any previous pharmacy work experience? Yes No
If yes, what is the name of the pharmacy employer?

- What factors led you to choose pharmacy as your professional goal?

- Describe in your own words what you think a pharmacy technician is and what duties a technician perform.

- What special skills do you feel you possess that will be beneficial to your successful completion of this program.

- What, if any, skills do you feel deficient in that may affect your academic performance?

- What are your long-term career goals upon completing the program? Which area of pharmacy would you want to work in retail, hospital, home infusion, long-term care, or other?

Work History

Facility/ Company employed: _____

Name of Immediate Supervisor: _____

Phone: _____

Dates of Employment: To/From: _____

Hours per week _____ Position Title: _____

Which of the following best describes your employment while in the pharmacy tech program?

- _____ Retired and not employed
_____ Unemployed –not seeking employment
_____ Unemployed – seeking employed
_____ Employed 1-10 hours per week
_____ Employed 11-20 hours per week
_____ Employed 21-39 hours per week
_____ Employed 40 or more hours per week

Personal Reference

Name of Individual: _____

Relationship: _____

Contact Number: _____

How long have has this person known you: _____

Would this person be willing to attest to your character? _____

All Applicants must read and sign below.

I understand that withholding information in this application or giving false information may make me ineligible for admission to or continuation in, Walters State Community College's Pharmacy Technician Program. I certify that all of the above statements are correct and complete.

Signature

Date

Walters State Community College is committed to the education of a non-racially identifiable student body. The college does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in the provision of educational opportunities or employment opportunities and benefits. We comply with Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Inquiries concerning our non-discrimination policies and guidelines should be directed to the President or the Human Resources/Affirmative Action Officer



Pre-Program Self-Evaluation

This pre-program evaluation form is intended to help you (the student) be aware of areas in which you may need to improve yourself. At the end of your program experience you will be asked to reevaluate yourself again on these same criteria to conclude if you have improved or weakened as a result of this program.

Rate yourself accordingly and be as honest as possible.

1 = Poor; 2 = Needs improvement; 3 = Good; 4 = Excellent

Rating	Skills and Objectives
	Work ethic (includes but is not limited to being prepared for class, completing assignments in a timely manner)
	Attendance (which includes missing work/class or tardiness)
	Attitude (which includes towards school or work)
	Study skills (including putting off work, reviewing for tests the night before, etc...)
	Communication skills and attitude (with persons in authority, including faculty and staff)
	Communication skills or associations (with peers)
	Math skills
	Typing skills
	Critical thinking or problem solving skills

Student's Signature

Date

**SUMMARY OF
DRUG-FREE CAMPUS/WORKPLACE POLICY
WALTERS STATE COMMUNITY COLLEGE**

The following summary of Walters State Community College's policy and penalties relative to controlled substances (illicit drugs) and alcohol, as required by the Drug-Free Schools and Communities Act Amendments of 1989, is being provided to each student enrolled at the college. As a student of Walters State, you are required to be knowledgeable of and comply with WSCC Policy No. 06:40:00 Drug-Free Campus/Workplace Policy, the applicable provisions of which are summarized below:

STANDARDS OF CONDUCT: Walters State Community College employees and students are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, use or being under the influence of illegal drugs or alcohol on the college campus, at off-campus facilities owned or controlled by the college or as a part of college sponsored activities. All categories of employees and students are subject to this policy and to applicable federal, state and local laws related to this matter.

LEGAL SANCTIONS UNDER LOCAL, STATE AND FEDERAL LAW: Various federal, state and local statutes make it unlawful to manufacture, distribute, dispense, deliver, sell or possess with intent to manufacture, distribute, dispense, deliver or sell, controlled substances. The penalty imposed depends upon many factors, which include the type and amount of controlled substance involved, the number of prior offenses, if any, whether death or serious bodily injury resulted from the use of such substance, and whether any other crimes were committed in connection with the use of the controlled substance. Possible maximum penalties for a first-time violation include imprisonment for any period of time up to a term of life imprisonment, a fine of up to \$4,000,000 if an individual, supervised release, any combination of the above or all three. These sanctions are doubled when the offense involves either: 1.) distribution or possession at or near a school or college campus. or 2.) distribution to persons under 21 years of age. Repeat offenders may be punished to a greater extent as provided by statute. Further, a civil penalty of up to \$10,000 may be assessed for simple possession of "personal use amounts" of certain specified substances under federal law. Under state law, the offense of possession or casual exchange is punishable as a Class A misdemeanor; if there is an exchange between a minor and an adult at least two years the minor's senior, and the adult knew that the person was a minor, the offense is classified a felony as provided in T.C.A. S39-17-417. (21 U.S.C. S801, et. seq.: T.C.A. S39-17--117)

It is unlawful for any person under the age of twenty-one (21) to buy, possess, transport (unless in the course of his employment), or consume alcoholic beverages, wine, or beer, such offenses being classified Class A misdemeanors punishable by imprisonment for not more than 11 months, 29 days or a fine of not more than \$2,500 or both. (T.C.A. SS 1-3-113, 57-5-301) It is further an offense to provide alcoholic beverages to any person under the age of twenty-one (21), such offense being classified a Class A misdemeanor. (T.C.A. S39-15-404) The offense of public intoxication is a Class C misdemeanor punishable by imprisonment of not more than 30 days or a fine of not more than \$50, or both. (T.C.A. S39-17-310)

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

HEALTH RISKS ASSOCIATED WITH THE USE OF ILLICIT DRUGS AND/OR ABUSE OF ALCOHOL: Every drug, including alcohol, is a potential poison which may cause disability and

death if it is taken incorrectly into the body, consumed in wrong amounts or mixed indiscriminately with other drugs. Drugs cause physical and emotional dependence. Drugs and their harmful side effects can remain in the body long after use has stopped. The extent to which a drug is retained in the body depends on the drug's chemical composition that is whether or not it is fat-soluble. Fat-soluble drugs such as marijuana, phencyclidine (PCP), and lyseric acid (LSD) seek out and settle in the fatty tissues. As a result, they build up in the fatty parts of the body such as the brain and reproductive system. Such accumulations of drugs and their slow release over time may cause delayed effects weeks, months, and even years after drug use has stopped. There are many health risks associated with the use of illicit drugs and the abuse of alcohol including organic damage; impairment of brain activity, digestion, and blood circulation; impairment of physiological processes and mental functioning; and, physical and psychological dependence. Such use during pregnancy may cause spontaneous abortion, various birth defects or fetal alcohol syndrome. Additionally, the illicit use of drugs increases the risk of contracting hepatitis, AIDS and other infections. If used excessively, the use of alcohol or drugs singly or in certain combinations may cause death.

DRUG & ALCOHOL COUNSELING, TREATMENT & REHABILITATION PROGRAMS:

COLLEGE HEALTH CLINIC: The Campus Nurse provides confidential counseling to students and employees on drug and alcohol related problems. This service is furnished at no cost to students or employees. Referral services are also provided for professional counseling, treatment and rehabilitation programs that are available in the local community. The cost of these professional services is normally the responsibility of the individual concerned or the individual's insurance carrier. The campus nurse also coordinates the administration of the college Drug-Free Awareness Program.

PENALTIES AND SANCTIONS: Appropriate action shall be taken in all cases in which faculty members, students or staff employees are determined to be in violation of the Drug-Free Schools and Communities Act Amendments of 1989 as implemented by this policy. Any alleged violation of the Act by a student of the college shall be reported to the vice president for Student Affairs. The circumstances surrounding the offense and the facts as determined by appropriate investigation will be fully reviewed prior to a decision on the action to be taken. Possible disciplinary sanctions for failure to comply with the provisions of this policy may include one or a combination of the following:

1. Probation
2. Mandatory participation in, and satisfactory completion of a drug/alcohol abuse program, or rehabilitation program;
3. Suspension;
4. Referrals for prosecution;
5. Expulsion;
6. Other appropriate disciplinary action.

QUESTIONS: If you have questions or desire additional information concerning the provisions of this policy, please contact the vice president of Student Affairs.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS
Consent to Drug/Alcohol Testing
Statement of Acknowledgment and Understanding
Release of Liability

I, _____ am enrolled in the Allied Health and/or Nursing program at Walters State Community College. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions, which may be imposed for violation of such policy as, stated in the Walters State Community College Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff; and property. Accordingly, I understand that prior to participation in the clinical experience; I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from Walters State Community College.

If I am a licensed health profession, I understand that the state-licensing agency will be contacted if I refuse to submit to testing or if my test result is positive. Full reinstatement of my license would be required for unrestricted return to the Walters State Community College Allied Health and/or Nursing Program.

My signature below indicates that:

- 1.) I consent to drug/alcohol testing as required by clinical agencies or as directed by the Office of Student Affairs.
- 2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Director of the Allied Health and/or Nursing Program, and others deemed to have a need to know.
- 3.) I understand that I am subject to the terms of the general regulation on student conduct and disciplinary sanctions of Walters State Community College, and the Drug-Free Campus/Workplace Policy of Walters State Community College, as well as, federal, state and local laws regarding drugs and alcohol.
- 4.) I hereby release and agree to hold harmless Walters State Community College and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicated that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the Allied Health and/or Nursing Program at Walters State Community College.

Signature

Date

Consent and Agreement Form

Release of medical information: I hereby give permission for the Walters State Community College Department of Pharmacy Technician Training, to release medical information according to the needs of the clinical agencies.

Initials _____

Permission to photocopy/photograph: I hereby give my permission for the representatives of Walters State Community College to photocopy any of my work. I understand that this material may be used in preparing and developing curriculum material. I further understand that my name will not be required to appear on the copy. I understand that photos taken in lab or class of myself shall be used only for educational or promotional purposes

Initials _____

Permission to release demographic information: I hereby give personnel of Walters State Community College permission to release information about me for professional purposes, such as employment. This may include but not be limited to the name, address, date of birth, telephone number, e-mail address, academic standing, or school activities.

Initials _____

Acknowledge receipt of Drug/Alcohol Abuse Policy: I have received and read the Walters State Community College Drug and Alcohol Abuse Policy. I understand that I am subject to the terms and general student social disciplinary policy of WSCC and to the Drug-Free Schools and Communities Policy of WSCC, as well as federal, state, and local laws regarding drugs and alcohol.

Initials _____

Acknowledge receipt of Confidentiality, Privacy, and Conduct Policy: I have received and read the policies and regulations regarding confidentiality, protecting the privacy of the patient as well as the student and the appropriate conduct both in the classroom as well as clinicals.

Initials _____

Consent to chemical screening: I hereby consent and give permission for an agent or agents of Walters State Community College to obtain a sample of body fluids from my body for the purpose of testing for illegal chemical agents. I hereby release Walters State Community College, the Tennessee Board of Regents and their officers, employees and agents from legal responsibility or liability arising from such a test or its analysis or disclosure of the results.

Initials _____

Signature

Date

WALTERS STATE COMMUNITY COLLEGE
PHARMACY TECHNICIAN PROGRAM
Student Confidentiality/Non-Disclosure Acknowledgement

Student _____

As a student in the Pharmacy Technician Program, I understand that I will be working with medical records and confidential information for patients at various healthcare facilities.

I understand that healthcare facilities remind their employees and volunteers of their confidentiality obligations on a periodic basis to help ensure compliance, due to the significance of this issue.

The healthcare facility/facilities that I may be assigned to have a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my assignment at any healthcare facility that is an Affiliate of Walters State Community College, I may come into possession of confidential patient information.

Medical records are confidential, legal, personal documents. The contents of individual patient's medical records are to be kept strictly confidential. As a condition of my assignment, I hereby agree that, unless directed by my instructor, I will not at any time during or after my assignment with the Affiliate healthcare facility disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control, or use patient information, other than as necessary in the course of my assignment. When patient information must be discussed with other health care practitioners in the course of my work, I will use discretion to assure that such conversations cannot be overheard by others who are not involved in the patient's care.

Pharmacy Technician students must also treat as confidential all information relating to the personal, financial, and business affairs of the healthcare facility and its employees.

I pledge not to discuss the contents of any patient's medical record or any confidential information which comes to my knowledge except when such discussion is relative to the learning experience. I further agree to abide by the Health Insurance Portability and Accountability Act (HIPAA) guidelines in effect at the individual healthcare facility to which I am assigned. I understand that a violation of confidentiality in any of the above-described areas may be grounds for dismissal from the Pharmacy Technician Program. I also understand that I may be in violation of the regulations of the Health Insurance Portability and Accountability Act of 1996 as effective April 14, 2003.

Student's Signature

Date

WALTERS STATE COMMUNITY COLLEGE
PHARMACY TECHNICIAN PROGRAM
Criminal Conviction Statement

1. Have you ever been convicted of, or pleaded guilty to, a criminal charge directly pertinent to this program? This includes but is not limited to drug convictions, theft, assault, forgery, embezzlement, or any other crime. **An affirmative response will not necessarily be a bar to admission, however the Vice-President of Students Affairs and the Dean of Health Programs for final consideration, must review such information. Factors such as age at the time of conviction, elapsed time, seriousness and nature of the crime, and rehabilitation will be taken into account.** YES NO

- If Yes, Date ___/___/___ Dispensation of Case: _____

- If yes, are you aware that this may prohibit you from becoming licensed as a Certified Pharmacy Technician in the State of Tennessee? Yes No

You may attach any necessary documentation.

2. Have you ever served time in jail? Yes No

Give details of the charges and crime/ jail time or other pertinent details

You may attach any necessary documentation.

Student's Signature

Date