CLIMB Institute for Health Professionals

Pharmacy Technician
For fall 2016

Pharmacy Technicians work in a fast paced health environment under the direction of a pharmacist. CLIMB’s Pharmacy Technician Program is a two part course totaling 160 hours and combines online learning with onsite lab practicums at CLIMB center. This course will prepare students to enter the pharmacy field and to take the Pharmacy Technician Certification Board’s PTCB exam www.ptcb.org/ Course content includes medical terminology specific to the pharmacy, reading and interpreting prescriptions and defining drugs by generic and brand names. Students will learn about dosage calculations and dose conversions, dispensing of prescriptions, and inventory control.

COST: $3140.00 excluding books. Tuition due at the time of registration or students may set up a 3 months payment plan with the PCC, Business Office. For information in regards to payment plan, please visit PCC Payment Plan webpage here.

REQUIRED documentation to be submitted for consideration into the program is:

- COPY proof of High School completion or GED Certificate, (A College or University Degree can be substituted for HS Diploma or GED cert.)
- Minimum COMPASS scores of at least 50 in Pre-algebra, 82 in Reading and 70 in Writing are required for ALL applicants. (Transcripts, College or University degree cannot be substituted for compass scores) To schedule your COMPASS Exam, please contact a PCC Testing Center.

Portland Community College’s Part “A” of registration form (Submitting the registration form does NOT signify that you will be registered/accepted in the program.) Please sign and date the registration form and supply us with a working email address. You will be notified of acceptance into the program via email.

MAIL REQUIRED documents and this application form to:

Attn: Pharmacy Technician
PCC CLIMB for Health Professionals
1626 SE Water Avenue, Room 114
Portland, OR 97214

Name, Last_________________________First__________________MI_____
Street Address _______________________________________________________
City_________________________________State__________Zip _______
Day Phone____________________________Alternate Phone __________________

Email_____________________________________________________________

PLEASE NOTE: To work in the State of Oregon, you must apply to be approved as a Pharmacy Technician. Please be advised that certain convictions may prevent license issuance. Please contact the Oregon Board of Pharmacy if you have any questions in regards to their application and background check prior to joining the program. The Oregon Board of Pharmacy can be reached at 503.731.4032 or visit their website at www.pharmacy.state.or.us
For more information contact CLIMB for Health Professionals: climbhealth@pcc.edu
Registration Form for Non-credit and CEU classes (please use black ink) www.pcc.edu/nc

CLIMB for Health Professionals - 971-722-6633 - Fax 971-722-6632 - 1626 SE Water Ave, Portland, OR 97214

Part A: Student Information

Today's date: ____________

Status: ☐ New PCC Student ☐ Currently Enrolled at PCC ☐ Previously attended PCC

Student ID Number: ________________

Your enrollment with Portland Community College signifies your consent to, and acceptance of, all policies and procedures governing your enrollment, including financial liability. If you fail to remit payment when due, you promise to pay to PCC all reasonable costs for collections, including collection agency fees.

Name: ___________________________ Last ______ First ______ MI ______

Other Names Used: ________________________________________________

Mailing Address: __________________________________________________

City _________________________ State ______ Zip __________

Telephone Number: ____________________________ Day ______ Evening ______

Birth Date: ___________ Gender: ☐ Female ☐ Male

Month / Day / Year

High School / GED:

Name of School / Institution __________________________ City ______ State ______

Year Graduated / Year Obtained ______

E-Mail Address: ________________________________________________

PCC is committed to affirmative action goals and would appreciate your response to the following:

Do you consider yourself to be Hispanic/Latin? ☐ Yes ☐ No

Select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

Citizen Type: ☐ U.S. Citizen ☐ Resident ☐ Alien/Refugee/Immigrant ☐ Other, Enter Visa Type ________________

Are you a veteran of the US military? ☐ Yes ☐ No

Part B: Course Requests for Fax or Mail Registration (Also complete Part A, above).

Course Title __________________________________

Pharmacy Technician Course - CEU 941Q, 3362

Part C: How to Pay

Payment is due when your registration is processed.

You can pay your bill online or by phone.

Once registered, log into your mypcc account and visit PCC-Pay to pay or view your bill. You can also pay by phone by calling 971-722-4234.

Your schedule and account balance are available electronically through http://my.pcc.edu.

Submitting this registration form does NOT signify that you will be accepted / registered in the course.

Signature ___________________________ Date ____________

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