



ACADEMY
of MEDICAL PROFESSIONS

PHARMACY TECHNICIAN

CERTIFICATE
PROGRAM

•
WITH PTCB
NATIONAL
CERTIFICATION

What is a Pharmacy Technician?

As a Pharmacy Technician, you will be assisting the Licensed Pharmacist with all the necessary day-to-day services that the Pharmacy provides- everything from preparing medications to answering phones, receiving, and verifying prescriptions, counting tablets, taking requests for refilling of medications, and much more. You are an assistant to the pharmacist.

Talk about job security! This is a growing field with high demand and great salaries.¹ You can work for retail and independent pharmacies and hospitals. There are so many possibilities. Excellent communication skills and customer service are essential in this field. You must have the ability to learn and retain procedural processes and apply them quickly and accurately. Most places do require flexibility of hours; some might ask for nights, weekends, or holidays depending on where you work and for whom you work.

Our 300 hour/14-week Certificate Program prepares you to take and pass the Pharmacy Technician Certification Board exam. You will also receive a Certificate of Completion through the Academy of Medical Professions. This program walks you through each topic required for certification and allows you to review the program contents up to the day you sit for the National Certification Exam.

All Inclusive - Tuition Includes:

- All materials needed for this program.
- Cost of Pharmacy Technician Certification Board (PTCB) CPhT National Certification Exam
- Resume Building, Job Search, and Interview Skills

Class Calendar

The Pharmacy Technician Training Certificate Program is a self-paced, entirely web-based online program, and students may begin at any time.

Learn Your Way

Your assigned instructor for the online, self-paced program is a Certified Pharmacy Technician who will work with you throughout your program.

1. Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Pharmacy Technicians, at <https://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm> (visited June 10, 2024).

PHARMACY TECHNICIAN - WHAT YOU WILL LEARN:

- Coverage of all core curriculum requirements in the ASHP (American Society of Health-System Pharmacists) curriculum including Orientation, federal law, medication review, aseptic techniques, calculations, everyday pharmacy operations.
- Over 7 ½ hours of audio providing student with listening, reading and a visual learning experience.
- Over 2,500 pictures and graphics to illustrate the technical details of each topic. Pictures are from a working pharmacy, illustrating actual duties of pharmacy technicians, from greeting customers to performing basic aseptic techniques.
- An individual video clip guides the student through the learning experience, introduces each of the subsections, and provides study topics for the student.

COURSE DESCRIPTION

• **Pharmacy Technician- 14 Weeks.** All-Inclusive program. In this course, you will learn everything from the role of the technician in the pharmacy setting, to the basic sciences at the core of pharmacy practice, to preparing for the PTCB exam. You will learn complete drug information that includes proper name, spelling and pronunciation, drug class, generic and trade name, route of administration, dosage and more of hundreds of drugs. You will be able to identify pills on sight with pill photos, gain a better understanding of how certain drugs work within the body with a concise review of relevant anatomy and physiology, and stay up to date with cutting-edge pharmacy practice with the latest information on new drugs, regulations, HIPAA guidelines and safety procedures. \$2,850. Payment plans available.

Our Web-Based Testing System Includes:

- Unit quizzes that test student's comprehension.
- Unit tests that reinforce what students should have learned.
- Final Exam is a simulated 125-question PTCB exam that is timed without feedback, mimicking an actual exam.
- Competency percentages match with PTCB exam.
- Custom tests for each student with questions drawn from OUR database of more than 1,000 unique test questions.

ENTRANCE REQUIREMENTS

All applicants must be 18 years of age and have completed high school with a diploma or GED equivalent. Basic math and familiarity with a computer are essential for admittance into the Pharmacy Technician program. **If you have a felony on your record, please be aware that this may hinder you applying for a job or obtaining your certification; please be sure to discuss this with the school beforehand. **

ATTENDANCE POLICY

The attendance policy set forth by the Academy of Medical Professions is strictly enforced. Students attending Live Classes are expected to attend 100% of all scheduled meetings; missing a scheduled meeting will require the student to watch the recorded version of the meeting prior to attending the next lecture.

Self-Paced students are expected to watch recorded lectures and communicate weekly with the Academy or their assigned instructor. Students whose attendance drops below 70% (not withstanding mitigating circumstances), may be dis-enrolled from the program.

STANDARDS OF PROGRESS

Students whose academic average drops below 70% will be placed on academic probation. We will work with the student to develop an action plan for success, to include specific goals and target dates. If the student is unsuccessful in meeting the goals and target dates of the action plan or success, the student will be subject to academic dismissal with no refund.

REFUND POLICY

1. You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform the school, not the instructor, in writing. Termination will become effective upon receipt of the written notice. The refund will be based on notification week corresponding with your course assignments or week associated with start date of the program.

2. If you terminate before you commence training, you will receive a refund of the money paid to the school, minus \$500 for the course access. The \$300.00 application fee is nonrefundable. If course access has been redeemed, the total subtracted from the refund will be \$800.00.

3. If you terminate within the first 3 weeks, you will receive a prorated refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignments, less the application fee of \$300.00 and the course fee of \$500.00. If you terminate any time after week 3, there will be no refund. If you are on a payment plan, the balance will be effective as of drop date, 30 days to pay in full or sent to collections.



ACADEMY

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PHARMACY TECHNICIAN COURSE ENROLLMENT AGREEMENT

SS#

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

START DATE: _____

I have earned a High School Diploma or Equivalent (GED, HiSET, etc.) (Initial here) _____

WHERE DID YOU HEAR ABOUT OUR COURSES?

If Adult Education, which one? _____

PAYMENT METHOD

****Please make checks payable to the Academy of Medical Professions****

\$300.00 non-refundable enrollment fee is already included in the price

SINGLE PAYMENT

CHECK ONE

\$2,850

Pharmacy Technician Program with PTCB Certification

\$2,850

Voucher Payment, Pharmacy Technician program with PTCB Certification

VOUCHER PAYMENTS I.E. GOODWILL, DEPT OF LABOR, MYCAA, ETC.

Name of Organization paying and contact information:

***All applicants must sign the contract agreement on the next page regardless of payment method.**



PHARMACY TECHNICIAN COURSE ENROLLMENT AGREEMENT

PAYMENT PLANS (Finance Fees Included)

MONTHLY PAYMENT PLANS: \$3,100 Pharmacy Technician \$500 Down, \$325 for 8 months

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION: _____ SECURITY CODE: _____ TYPE OF CARD: _____

NAME AS IT APPEARS ON CARD: _____

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:

(Check One)

DEPOSIT Amount \$ _____ Date to take out deposit: _____

(OR)

Payment in **FULL** \$ _____ Date to take out the full payment: _____

PAYMENT PLAN: Date to begin payments: _____

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the program, including the ATTENDANCE and STANDARDS OF PROGRESS policies. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for this course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to:

SIGNATURE: _____ DATE: _____