

LT | Lively Technical College



Pharmacy Technician Program Application Packet

500 North Appleyard Drive | Tallahassee, FL 32304 | 850.487.7555
www.livelytech.com



Pharmacy Technician Program Application Packet

PROGRAM DESCRIPTION:

Pharmacy Technician prepares students for employment as pharmacy technicians. The content includes but is not limited to metric system, medical terminology, medicinal drugs, IV preparation, preparing purchase orders, receiving and checking supplies purchased, printing labels, typing prescription labels, delivering medications, pricing prescription drug orders and supplies, prepackaging unit dose packages, patient record systems, control records, health and safety, including CPR.

PROGRAM LENGTH	The program consists of 1050 clock hours.
PROGRAM HOURS	Full Time: Classroom hours are 8 am – 4 pm Monday - Thursday
PROGRAM LOCATION	Lively Technical College Health Education Department, Building 15 500 North Appleyard Drive Tallahassee, FL 32304 (850) 487-7449

The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information.

GENERAL REQUIREMENTS

Applicants seeking admission to the Pharmacy Technician Program must:

- Be at least 18 years of age at projected time of program completion.
- Have a high school diploma or equivalent.

To apply for acceptance into the Pharmacy Technician Program students must:

1. **STEP 1 - COMPLETE THE LIVELY STUDENT ONLINE APPLICATION.** (This application is required for all Lively students) This application can be completed at: <https://lively.focusschoolsoftware.com/focus/apply>
STEP 2 - MEET WITH STUDENT SERVICES ADVISOR- Student Services will review your online enrollment information. **You will need to provide:**
 - Two proofs of Florida Residency
 - Official Transcripts for High School and College (if applicable). For copy of your GED transcript go to www.myged.com
 - Academic Skills Test Official Results or exemption (see below for more information).

STEP 3 - MEET WITH FINANCIAL AID – Meet with Financial Aid. They will check for all needed financial aid documents (ISIR, verification letter, etc.) Bring proof of any additional grants, scholarships, or waivers in order to your deferment. (If you are self-pay, you may skip this step.). Federal Pell Grant information is at www.fafsa.ed.gov. School code: 013997

2. Complete the **Pharmacy Technician Application Packet**
The Pharmacy Technician Application Packet must include:
 - **Health Education Student Information Sheet.**
A printed copy must be submitted with the application packet.
 - **Three current reference letters:**
 - Two professional references (recent employers, former teachers, counselors, etc.)
 - One personal reference (may not be family member)

**No refunds will be issued.*

TESTING INFORMATION – REQUIRED TESTS & SCORE INFORMATION

Academic Skills Test (Academic Skills)

State Board Rule 6A-10.040, FAC states the following: "Students who are enrolled in a postsecondary vocational certificate program shall complete a basic skills examination."

Lively admission policies require that all students that enroll in Workforce Education Certificate Programs of 450 hours or more must take the Academic Skills assessment test or provide proof of acceptable forms of exemption from testing.

You may be exempt from the Academic Skills test if you:

- Possess a college degree at the associate in applied science level or higher.
- Demonstrate readiness for public postsecondary education pursuant to F.S. 1008.30 (See acceptable exemptions list in Student Services)

- Earned a **standard Florida public high school diploma** (Student entered 9th grade in the 2003-2004 school year or any year thereafter) or earned a GED in 2014 or any year thereafter.
- Student serves as an active duty member of any branch of the United States Armed Services
- Passed a state or national industry certification or licensure examination identified in State Board of Education rules and aligned to the career education program, which they enroll.
- Proof of exemption status is required. Please see an advisor for further details in Student Services.

The academic skills test passing score for the Pharmacy Technician Program is an 10 in Reading, Language and 11 in Math. These scores are valid for two (2) years.

If you do not meet your exit scores, you will need to enroll in AAEE at a cost of \$30 per semester. The AAEE instructor evaluates your test scores and an individualized learning plan will be designed based on your Academic Skills results. Students work individually, at their own pace, and seek the assistance of an instructor when needed.

There is a \$25.00 fee for this exam. Applicants must go to the Registration window in Building 8 to pay for the exam then report to the Testing Center.

For more information, please contact The Testing Center: 850-487-7467

Regular Hours of Operation: Monday-Friday, 8:00am-4:00pm

ORIENTATION

After being accepted into the LTC Pharmacy Technician Program, applicants will be notified about attending a mandatory orientation. The date(s) and time(s) of this meeting will be given to all accepted students within their acceptance letter. For further information, please contact the Health Education Department at 850-487-7449.

CRIMINAL BACKGROUND CHECK

All applicants must undergo a Level 2 criminal background through Leon County Schools. In order to participate in the mandatory clinical practicum, as well as to obtain licensure, students must have a clear background. The cost is \$61.00.

DISABILITY SUPPORT SERVICES

If you have question regarding adult students with disabilities and accommodations, please contact LTC Student Services located in Building 9 or at 850-487-7473.

FINANCIAL AID

Financial Aid is available for this program based on eligibility. Qualifying students may be awarded a Federal Pell Grant based on their current FAFSA submission provided through the Federal Student Aid, U.S Department of Education. Lively does not provide loans. Third party loans and other personal financial arrangements are a personal decision of the student and not handled at Lively Technical Center. Additionally, Lively accepts other funding options (Florida Prepaid, CareerSource, VA, etc.). The Financial Aid Office is located in Building 8, phone number 850-487-7431 or 850-487-7421 and/or via email at LTCFinAid@leonschools.net. Please direct all financial aid questions directly to their office.

ACCEPTANCE INTO PROGRAM / REGISTRATION

Lively Technical accepts applicants into all Health Education programs on a rolling admission basis. As we receive applications, potential students are scheduled for an interview with the Health Education Director or their assignee. Once an applicant has completed the interview, they will be notified of their admission status. Accepted applicants will be given an acceptance letter, which will allow them to register for the program they have applied to. Lively Tech Health Education programs may be closed prior to the posted application deadline date once that program has reached capacity. Questions regarding the application process should be directed to Ms. Yolanda Graham, Health Education Director or her secretary.

Late and/or incomplete packets will not be considered

ENROLLMENT IN LIVELY TECH'S PHARMACY TECHNICIAN PROGRAM

APPLICATION CHECKLIST

COMPLETE THE LIVELY STUDENT ONLINE APPLICATION

Apply at <https://lively.focusschoolsoftware.com/focus/apply>

MEET WITH STUDENT SERVICES ADVISOR

Must bring:

- Two proofs of Florida Residency
- Official transcripts for High School/College/GED
For copy of GED go to www.myged.com

SKILLS ASSESSMENT TEST OFFICIAL RESULTS (if needed)

MEET WITH FINANCIAL AID

Use the following link for the Federal Pell Grant: www.fafsa.ed.gov School Code: 013997

Complete the **Pharmacy Technician Application Packet**. The Application Packet must include:

HEALTH EDUCATION STUDENT INFORMATION SHEET

THREE CURRENT REFERENCE LETTERS:

- Two professional references (recent employers, former teachers, counselors, etc.)
- One personal reference (may not be family member)

STUDENT HEALTH ASSESSMENT FORM

RECEIPT OF PAYMENT FOR A LEVEL 2 CRIMINAL BACKGROUND TO LEON COUNTY SCHOOLS



Lively Health Education Student Information Sheet

PERSONAL INFORMATION

Date _____

Date of Birth _____

Last Name _____ First Name _____ MI _____

Address _____ City/State _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email Address _____

Emergency Contact _____ Phone# _____

EDUCATION

High School _____ City/State _____

Highest grade completed _____ Year _____ Choose one: High School Diploma GED

Previous Nursing School _____ City/State _____

College _____ Degree awarded _____ City/State _____

Military _____

Education as Certified Nursing Assistant, Patient Care Assistant, Patient Care Technician or Medical Assistant or Pharmacy Tech.

Name of School _____

Certification Awarded Yes No Date the Certificate Awarded _____
Proof required at time of application.

EMPLOYMENT RECORD

Present _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

Previous _____ Title/Position _____

Dates of Employment: From _____ to _____

The information on this application is true and factual.

Signature: _____ Date: _____

Completed required enrollment application to Lively Tech. **Advisor Initials:** _____



Student Health Assessment Record

THIS FORM MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER. Any falsification of this record will result in immediate dismissal from the program (if accepted).

NAME (please print): _____
Last First MI

DATE OF BIRTH: _____ Male Female

1. **MMR** (Need proof of two MMR vaccines or one mumps, two measles, and one rubella. Any person born before 1/1/57 will need proof of rubella immunization or positive titer.)
Date of MMR #1: _____ Date of MMR #2: _____
OR
Antibody titers:
Mumps titer date: _____ Results: Immunity Not immune
Rubeola titer date: _____ Results: Immunity Not immune
Rubella titer date: _____ Results: Immunity Not immune
If not immune, will require MMR x2.

2. **Tetanus** (Td or Tdap with the last ten years): Date: _____

3. **Hepatitis B series:**

Hepatitis B #1 date Hepatitis B #2 date Hepatitis B #3 date
OR
Antibody titer date: _____ Results: Immunity Not immune

4. **Varicella: History of having Chicken Pox is not accepted.**
Date of 1st dose: _____ Date of 2nd Dose _____
OR
Varicella titer date: _____ Results: _____ (Lab value)

5. **PPD** (TB Skin Test): Date taken: _____
Results: _____ Positive _____ Negative
Chest x-ray, if positive PPD: Date: _____ Results: _____

6. **Seasonal Flu Vaccine:** Date of Vaccine: _____ Injection Site: _____
(August-March) Lot Number Expiration: _____ Examiner's Initials: _____

Verified by:

Name of Physician's Office/Health Center

Healthcare Provider Signature

Address of Office

Date

Level 2 Background Screening Instructions

Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest). FDLE Level 2 Background Screenings must be done for prospective students who wish to enroll in any of the following Health Education Programs:

- Medical Assisting
- Nursing Assistant
- Patient Care Technician
- Phlebotomy
- Practical Nursing

Instructions:

1. Go to the Fingerprinting Office at the Leon County Schools District main office, located at 2757 W. Pensacola St., Building 1 (to the right of the main district office). The hours for the Fingerprinting Office are: Monday-Friday, 8:00 am-5:00 pm - Take this form with you.
2. Submit payment for screening. Payment can be via credit card or money order.
3. Obtain a **receipt** for the screening.

Submit the receipt of the background screening along with the Health Education program application.

If your background screening does not come back "clear," you will be notified. Additional information may be required.



LEVEL 2 Background Screening Request Form

The following individual needs to obtain a Level 2 Background Screening, per Florida Statute 1012:

IMPORTANT:
The ORI number for the screening is V37020031

PLEASE PRINT

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____ PHONE: _____

The above individual will be at Lively Technical College/Externship/Clinical Site for the following purpose:
__ Student

Entity/Individual from Lively Technical College making this request: Lively Administration

Please submit print results to:

ATTENTION:
Shelly Bell, CTE Director
Lively Technical College
500 North Appleyard Drive, Tallahassee, Florida 32304 Fax: 850.487.7478
Any questions regarding this request, should be directed to Health Education Director: 850.487.7443