

Union Spring Academy

# *Pharmacy Technician Training Program*



## *Application Packet*

## *Directions for Completing the Application Packet*

1. Read all program booklet materials thoroughly to ensure that you qualify for the program.
2. **Make copies of all forms!** That way, if you make a mistake, you have not ruined your forms.
3. **For the application form:** Be sure to complete all pages.
4. You may send your application online to Hilde Barrera at:  
[hbarrera@unionspringsacademy.org](mailto:hbarrera@unionspringsacademy.org)

### **Note:**

Tuition for the program in the amount of \$2,140 must accompany the completed application and be paid before the first day of class. Books, background/drug test, uniform, and materials for the program are included in the fees and tuition costs. If you plan to stay in the dorm, then you must include payment in the amount of \$1060 to cover dorm fees.

For general questions regarding the application process, about this program or its curriculum call or email:

Dr. Anton Dormer

508-577-0756      [dobivaccines@hotmail.com](mailto:dobivaccines@hotmail.com)

Dr. Yonnette Semple-Dormer

508 577-0590      [yeneb@yahoo.com](mailto:yeneb@yahoo.com)

Hilde Barrera

315-889-7314      [hbarrera@unionspringsacademy.org](mailto:hbarrera@unionspringsacademy.org)

# Union Spring Academy Pharmacy Technician Program

## *Enrollment Agreement*

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #s: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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I understand the following:

Program Name and Clock Hours: **Pharmacy Technician Program, 340 Hours**

Training Dates: **June 17, 2018 - August 10, 2018**

Classes Meet: **Monday - Thursday 8:00 a.m.- 2:30 p.m.**

Total Number of Instruction Hours Per Day: **5 hours 30 minutes**

Total Number of Instruction Hours Per Week: **22 hours 30 minutes**

Total Number of weeks of Program Instruction: **8 weeks**

Upon successful completion of the program, I will receive a certificate/diploma.

Successful completion of the pharmacy technician program requires –

- Attend all classes, labs, and externship
- Maintaining a C average in the program
- Successfully completing an externship under a supervising pharmacist or pharmacy technician
- Fulfill all financial obligations with the school

### **Grading Scale**

93-100%	A
85-92%	B
75-84%	C
74-0%	F

Note: **Union Spring Academy** acknowledges that job placement and job salaries cannot be guaranteed.

**Fees of the Pharmacy Technician Program is:**

Tuition/Books/Uniform/Supplies Fee:	\$2,140.00
Room:	<u>\$1,060.00</u>
<b>TOTAL:</b>	<b>\$3,200.00</b>

**Refund Policy:**

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment contract.
2. If, after the seven-day cancellation period expires, a student withdraws or is terminated after the instruction begins, refunds will be made based on the total contract price for the course or program and will include all fees, except any charges for the materials, supplies, or books which have been purchased by, and are the property of the student. The minimum refund that the school will pay a student who withdraws or is terminated after 7-day cancellation period has expired and after instruction has begun, is as follows:

Proportion of Total Program Taught by Date of Withdrawal	Tuition Refund
Less than 10%	90%
10% up to but not including 20%	80%
20% up to but not including 30%	60%
30% up to but not including 40%	40%
40% up to but not including 50%	20%
More than 50%	No Refund

3. If the school closes or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees and all monies for which the student is liable for tuition and fees.
4. Students are requested, but not required, to notify the Director or designated school official if they are withdrawing from the school.
5. The date of withdrawal or termination is the last date of attendance by the student. Refunds are based on the student's last date of attend
6. All refunds due will be paid within 60 days of the student's last date of attendance.
7. In the case of an official leave of absence, if a student fails to return to training by the end of the leave of absence, a refund due a student will be based on the date, a refund due a student will be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
8. Books and uniform purchased are the property of the student and are not refundable, except within the seven-day cancellation period.

### **Acknowledgment**

- I have received an exact copy of this enrollment contract.
- I have received a copy of the School's current catalog.
- I have been advised to keep this document as well as copies of all financial documents.

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*Signature of Applicant*

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*Date*

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*Signature of Parent, if applicant is a minor*

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*Date*

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*Signature of Union Springs Academy School Official*

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*Date*

### **Notes:**

In order to be binding, this contract must be signed by the applicant, guardian if applicable, and school official.

The enrollment contract may be extended or modified only with the written consent of both the student and the school.

## Union Spring Academy Pharmacy Technician Program

### ***HIPAA Enrollment Agreement***

I, \_\_\_\_\_ understand and pledge to comply with the policies set forth by HIPAA law and acknowledge that any breach of the law will result in disciplinary action up to and or termination from the program.

\_\_\_\_\_ Initial

By signing below, I am indicating that I have read XL Career School Pharmacy Technician Program Handbook and that I will comply with all policies and procedures of the handbook including the other documents indicated in this document.

\_\_\_\_\_ Initial

*Print Name:* \_\_\_\_\_

*Complete Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

# Union Spring Academy Pharmacy Technician Program

## *Background Check Data Form*

Have you ever been convicted of a crime? \_\_\_\_No \_\_\_\_Yes

If yes, please list all convictions and dates below, including all traffic violations.

Conviction\_\_\_\_\_

County/State\_\_\_\_\_

Dates\_\_\_\_\_

Conviction\_\_\_\_\_

Dates\_\_\_\_\_

### **Note:**

Conviction means you were found guilty by a judge, jury, “no contest”, or guilty plea in court. A conviction may have taken place even if you did not pay a fine or spend any time in jail or prison. **A conviction will not automatically disqualify you from entering this program.** XL Career School policy will determine which convictions disqualify you from entering this program. **Any misrepresentation may disqualify you from admission into this program.**

If you are selected to participate in this program, your acceptance will be based upon your ability to successfully pass a criminal background check. Information on how to complete the background check will be provided in the acceptance packet.

# Union Spring Academy Pharmacy Technician Program

## *Uniform Information*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blouse/Shirt Size \_\_\_\_\_



## *Externship Information*

Although we cannot guarantee your choice of placement, we try our best to place you at a pharmacy as close as possible to your home. Please indicate where you would like to complete your externship by writing the numbers 1-3 to indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices.

\_\_\_\_\_ CVS

\_\_\_\_\_ Walgreens

\_\_\_\_\_ Rite Aid

\_\_\_\_\_ Giant

Please indicate where you would like to complete your externship:

\_\_\_\_\_ New York

\_\_\_\_\_ Other \_\_\_\_\_



## ***What You Need to know to Register for the PTCB Certification Exam***

### **Which Of the Certification Exams Are Approved and Accepted by States throughout the U.S.?**

1. The ICPT (ExCPT) - Pharmacy Technician Certification | ExCPT Certification [Exam](#) | NHA [www.nhanow.com/pharmacy-technician.aspx](http://www.nhanow.com/pharmacy-technician.aspx)
2. The PTCB (PTCE) - [PTCB Certification Exam - NPTA](#)  
[www.pharmacytechnician.org/ptcb/](http://www.pharmacytechnician.org/ptcb/)

### **What National Exam would I be taking at the end of the program?**

The PTCB (PTCE) - [PTCB Certification Exam - NPTA](#)  
[www.pharmacytechnician.org/ptcb/](http://www.pharmacytechnician.org/ptcb/)

### **When would I be able to take the exam?**

In the second week of August.

### **How much would it cost me to take the exam?**

The exam costs \$129.

### **Here Are A Few More Tips:**

- Pharmacy technicians are not allowed to administer flu shots.
- Technicians in the pharmacy are only allowed to complete those tasks that don't require professional judgment.