



Pharmacy Technician Test Prep

This 40-hour test prep course is designed to prepare individuals who want to upgrade their skills as pharmacy technicians in hospitals or retail pharmacies. Completion of this course, together with on-the-job experience, will prepare you to take the National Certification Pharmacy Technician Exam to become a Certified Pharmacy Technician.

Fee: \$339

Note: This program is non-college credit, test prep training program. It is designed for people who work in the pharmacy technician field and have at least one year experience.

Key topics

- ◆ Medical terminology, reading and interpreting prescriptions
- ◆ Generic and brand names of drugs
- ◆ Dosage calculations and dose conversions
- ◆ Intravenous therapy and aseptic technique
- ◆ Dispensing of prescriptions, unit doses and inventory control
- ◆ Math

Text required

Certification Review for Pharmacy Technicians and *Math Master For Pharmacy Technicians* by Noah Reifman are available in Barnes Noble Bookstore on Shawnee State University Campus.

Class dates and times

Wednesdays, January 10-March 14, 2007 8:00 a.m. – Noon

Instructor

Jeremy Janney, Pharm. D.
Registered Pharmacist

Location

Shawnee State University
940 Second Street, Portsmouth Ohio
Massie Hall

The National Certification Pharmacy Technician Exam will be given Spring 2007 in Cincinnati, Cleveland, and Columbus in Ohio, Bowling Green, Lexington, and Louisville in Kentucky and Charleston in West Virginia.

Pharmacy Technician

Registration and Payment

University Outreach Services is open for business Monday through Friday 8:00 a.m. – 5:00 p.m. For your convenience, we offer several ways to register for courses:

In Person: You may bring your completed registration form and cash, check, money order, or credit card information to:

Massie Hall, Room B-52

Easy access from rear entrance of Massie Hall, basement level. Outreach Services is the first office on the left as you enter the building. Visitor parking is available just outside the entrance of the building.

By Telephone: You may call **740.351.3390**, and register using a credit card payment.

By Mail: You may mail your completed registration form with payment to the address listed below.

By Fax: You may fax your completed registration form to **740.351.3598**

Payment: Payment (\$339) is enclosed. My employer will pay the fee. (Billing information is provided below).

Briefly describe your experience in the pharmacy or medical field: _____

Course Registration

Identification Number _____ Birth date _____

Last Name _____ First Name _____ MI _____ Former Name _____

Home Address _____

City _____ State _____ Zip Code _____ County _____

Home/Evening/Cell Phone _____

Company/Organization/School Name _____

Company/Organization/School Street Address _____

City _____ State _____ Zip Code _____ County _____

Work/ Daytime Phone Number _____ E-mail Address _____

The following information is requested for state and federal reporting purposes only. Shawnee State University provides equal opportunity regardless of gender, race, ethnicity, disability, age, military status, or sexual orientation.

Age group 5-17 18-25 26-34 35-50 50 +

Gender

- Male
 Female

Ethnicity

- Black, Non-Hispanic (BL)
 Hispanic (HS)
 Nonresident Alien (NR)

- Asian or Pacific Islander (AS)
 White, Non-Hispanic (WH)
 American Indian or Alaskan Native
-

Course Number _____

Course Name _____ Course Section _____

Start Date _____ End Date _____ Contact Hours _____

Course Fee: _____

Method of Payment:

Cash Check

Issue Invoice to company, PO number _____

Company/Organization/School name _____

Company/Organization/School address _____

Company/Organization/School city, state, zip _____

Invoice Attention to: _____

Credit Card : VISA or MasterCard

Credit card account number _____

Amount to be paid _____

Card expiration date _____

Printed name as it appears on the card _____

Cardholder's mailing address (if different from above)

Street _____

City State Zip _____

University policy regarding payment by credit card

Credit card transactions are processed on the day they are received. Charges in excess of the credit card limit or otherwise invalid transaction will result in an incomplete registration and the cardholder will be notified immediately. Until adequate payment is provided, including additional fees consistent with current university policy, the registration will be incomplete. If a refund is due, it will be issued on the form of a check payable directly to the cardholder. I hereby agree to pay the sum set forth above to the credit institution which issued my card in accordance with the terms of the credit card for the purchase of goods and services. I also agree to the policy as stated above regarding payment by credit card.

Signature

Date

Return this completed form with payment or billing information to:

Vicci Felts

University Outreach Representative

Shawnee State University

940 Second Street

Portsmouth, OH 45662

Phone: 740.351.3390 or toll free 866.672.8778

fax: 740.351.3598

University Outreach Services is a member of



Two year Campuses in Partnership –Making Learning for the Workplace Count