

2019–2020
Pharmacy Technician
Program Handbook

Table of Contents

Directory.....	2
Program Overview and Opportunities	3
Admissions Criteria and Procedure and Program Requirements.....	4
Iowa Core Performance Standards	5-6
Certification Options for Pharmacy Technicians	7
Program of Studies	8
College Policies.....	9
Clinical Participation Requirements	10
Social Media Policy	12
Confidentiality Agreement	14-15
Program/Course Appeal Process.....	16-17
Student/Faculty Conference Record	18
Student Appeal Process Form	20
Sheet of Understanding	22

Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. A copy of the catalog is available by calling Enrollment Services, WITCC, 712-274-8733, Ext. 1325 or 800-352-4649 or on our Website at www.witcc.edu.

Directory

Admissions Office

Western Iowa Tech Community College
4647 Stone Avenue
P.O. Box 5199
Sioux City, Iowa 51102-5199
Phone: 712-274-6403 or
800-352-4649
Fax: 712-274-6448
E-mail: info@witcc.edu
Website: www.witcc.edu

Financial Aid Office

712-274-6403 or
800-352-4649

Program Advisors:

Stephanie Pencil, CPht

712-274-8733, Ext. 2384
712 274-6448 Fax # 712-274-6412
E-mail: stephanie.pencil@witcc.edu
Office: Robert H. Kiser Building, Room A129

Western Iowa Tech Community College

Pharmacy Technician

Program Overview and Opportunities

The pharmacy technician diploma program will prepare students for entry-level pharmacy technician positions in both the institutional and community pharmacy setting. The role of the pharmacy technician is one of the fastest growing fields in medical care. A pharmacy technician is an individual who, under the supervision of a pharmacist, assists in the day-to-day pharmacy operations that do not require the professional judgment of a pharmacist. Pharmacy technicians may perform many of the same duties as a pharmacist; however, all of their work must be checked by a pharmacist before medications can be dispensed to a patient. A central defining feature of the technician's job is accountability to the pharmacist for the quality and accuracy of his or her performance.

Preparing medications involves using sterile and nonsterile techniques to count, measure, and compound medications. Additional duties of the pharmacy technician include: receive and verify written prescriptions, take prescription refill requests, prepare IV medications, operate computer and automation systems, apply prescription and auxiliary labels to medication bottles, control and price inventory, order supplies, restock shelves, prepare insurance claim forms, and operate cash registers.

Students must achieve a minimum of a 2.0 GPA in all program requirements. Graduates are eligible to take the National Pharmacy Technician Certification Examination (PTCE); this certification is recognized in all 50 states. Graduates are also eligible to take the Exam for the Certification of Pharmacy Technicians (ExCPT) offered by the National Healthcareer Association (NHA); however, this certification is not recognized nationally. It is currently accepted in Iowa, but not in Nebraska or South Dakota. A complete comparison of the two exams is listed in the following tables.

Upon application for a pharmacy technician position, individuals may be subject to criminal background checks and drug testing; failure to pass either of these may prevent employment. Externship sites, employers, and State Boards of Pharmacy have regulations about drug use and criminal backgrounds. Additionally, some employers may require documentation of immunization status.

Admissions Criteria and Procedure

Pharmacy Technician Program

Sioux City

Specific Admission Requirements:

- **All students** must submit a copy of their high school transcript (or equivalency diploma-GED) and all college transcripts to the Admissions Office for evaluation.

General admission procedures for all WITCC students is available in the WITCC College Catalog.

CRITERIA 1 FOR ACCEPTANCE

1. Verification of high school, GED , or HSED official transcript OR
2. Verification of current enrollment in high school AND
3. Submitted documentation of composite ACT score of at least 20

OR CRITERIA 2 FOR ACCEPTANCE

1. Verification of high school, GED, or HSED official transcript with cumulative GPA of 2.0 or higher OR
2. Verification of current enrollment in high school with cumulative GPA of 2.0 or higher AND
3. At least two (2) year of high school English or equivalent with no grade lower than a C AND
4. At least one (1) year of high school Algebra II or equivalent with no grade lower than a C.

OR CRITERIA 3 FOR ACCEPTANCE

1. At least three (3) college credit hours in English Composition or equivalent with no grade lower than a C. AND
2. At least three (3) college credit hours in Applied Math or equivalent with no grade lower than a C.

Pharmacy Technician Program Requirements

1. All students must be cleared by Program Coordinator to participate in experiential site rotation.
2. All students must sign a confidentiality agreement before beginning their experiential site rotation

IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> ◆ Identify changes in patient/client health status ◆ Handle multiple priorities in stressful situations
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem	<ul style="list-style-type: none"> ◆ Identify cause effect relationships in clinical situations ◆ Develop plans of care as required
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> ◆ Establish rapport with patients/client and members of the healthcare team ◆ Demonstrate a high level of patience and respect ◆ Respond to a variety of behaviors (anger, fear, hostility) in a calm manner ◆ Nonjudgmental behavior
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> ◆ Read, understand, write and speak English competently ◆ Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods ◆ Explain treatment procedures ◆ Initiate health teaching ◆ Document patient/client responses ◆ Validate responses/messages with others
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> ◆ Retrieve and document patient information using a variety of methods ◆ Employ communication technologies to coordinate confidential patient care

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> ◆ The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> ◆ Position patients/clients ◆ Reach, manipulate, and operate equipment, instruments and supplies ◆ Electronic documentation/ keyboarding ◆ Lift, carry, push and pull ◆ Perform CPR
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> ◆ Hears monitor alarms, emergency signals, auscultatory sounds, cries for help
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> ◆ Observes patient/client responses ◆ Discriminates color changes ◆ Accurately reads measurement on patient client related equipment
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> ◆ Performs palpation ◆ Performs functions of physical examination and/or those related to therapeutic intervention
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> ◆ Move quickly and/or continuously ◆ Tolerate long periods of standing and/or sitting as required
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> ◆ Adapt to rotating shifts ◆ Work with chemicals and detergents ◆ Tolerate exposure to fumes and odors ◆ Work in areas that are close and crowded ◆ Work in areas of potential physical violence ◆ Work with patients with communicable diseases or conditions

Certification Options for Pharmacy Technicians

Test	ExCPT	PTCE
Organization Name	National Healthcareer Association (NHA)	Pharmacy Technician Certification Board (PTCB)
Cost	\$115.00	\$129.00
Testing Providers	PSI/Lasergrade	Pearson Vue
Closest Testing Center	4647 Stone Ave. Sioux City, IA 51106 (WITCC testing center)	4300 Lakeport St. Sioux City, IA 51106
Testing Requirements	<ul style="list-style-type: none"> *At least 18 years of age *Have high school diploma or GED equivalent. *Have not been convicted of or pled guilty to a felony *Have not had any registration or license revoked, suspended, or subject to any disciplinary action by a state health regulatory board 	<ul style="list-style-type: none"> *High school diploma or equivalent educational diploma *Full disclosure of all criminal and state board of pharmacy registration or licensure actions *Compliance with all applicable PTCB certification policies
Website	www.nhanow.com	www.ptcb.org
Recertification Requirements	Every 2 years, 20 hours of CE required, including 1hr of pharmacy law Cost: \$40	Every 2 years, 20 hours of CE requiring 1hr of pharmacy law and 1 hr of medication safety Cost: \$40
Revocation	For false statements, cheating, conviction of a drug-related felony, revocation of registration/licensure by a state, documented violation of NHA Pharmacy Technician Code of Ethics	For false statements, cheating, conviction of a crime or felony of moral turpitude (including, but not limited to, drug-related crimes), documented gross negligence, intentional misconduct or deficiency in knowledge base
States that have formally approved test for certification	CT, IA, IN, KA, KY, MD, MA, MN, MT, NV, NH, NJ, NM, OR, RI, TN, UT, WA (seeking approval in many other states)	All 50 states

Pharmacy Technician Diploma Program of Studies

Catalog #	Course Title	Credit Hrs.
PHR 105	Intro to Pharm Tech	3
HSC 114	Medical Terminology	3
BIO 163	Essentials of Anatomy & Physiology	4
ADM 105	Intro to Keyboarding	1
PHR 941	Practicum	1
PHR 135	Pharm Calc & Compounding	3
SDV 108	College Experience	1
	Total First Semester	16

Catalog #	Course Title	Credit Hrs.
PHR 120	Pharmacology for Pharm Tech	3
PHR 947	Pharmacy Tech Practicum	2
ADM 154	Business Communication	3
PSY 102	Human and Work Relations	3
PHI 105	Introduction to Ethics	3
HSC 245	Team Building	1
PHR 140	Pharmacy Law (online only)	1
	Total Second Semester	17

Catalog #	Course Title	Credit Hrs.
PHR 932	Internship	2.5
	Total Semester	2.5
	Program Total	35.50

College Policies

Please refer to the student handbook and the college catalog for information or policies related to:

- Discrimination, Sexual Harassment, Americans with Disabilities Act Compliance
- Sexual and Gender Harassment
- Discrimination
- Discipline
- Disability
- Release of Student Information
- Drug-Free College Community
- Transfer Students
- Financial Aid and Payment Options

The college handbook and the college catalog information may be acquired on-line at witcc.edu and then click on student services; or, a printed copy can be requested or acquired at the main Sioux City Campus Enrollment Services Office.

Student Insurance Overview

Malpractice Insurance – Students are highly encouraged to obtain their own individual coverage.

Student Accident and Health Insurance – From the Student Handbook: “WITCC does not have a compulsory insurance plan, but the College recommends that students enroll in a voluntary group accident and/or health insurance plan available through commercial insurance companies.” Insurance information is made available to students attending orientation sessions and is available in Enrollment Services. College liability insurance is not a substitute for health or accident insurance. **It is highly recommended that students obtain their own health insurance coverage.**

Excused Absences

Military duty, jury duty, or if you are subpoenaed are considered excused absences.

Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

Role of Student in Advising

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisor for efficiency in scheduling. Faculty is available at the Sioux City Campus for advising and program inquiries. Contact your advisor to schedule an appointment. Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the college.

The student is ultimately responsible to meet **all** requirements for graduation.

Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience.

- **Students may be required to provide the following information to external affiliated agencies:**
 - * CPR
 - * Criminal and Abuse Background Checks
 - * Drug Test
 - * Health Screening/Immunizations
- The student should maintain copies of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*
- **Drug Testing**
Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what other drugs may be screened.
- Unprofessional conduct, breach of confidentiality, or performing duties beyond the scope of practice or academic preparation is grounds for immediate removal from the clinical site. Removal will result in failing clinical and may include disciplinary action.

NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: _____

Student's Name

Program

Date

Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation or clinical facility may be posted on any social media website. Social media outlets include but are not limited to: Facebook, LinkedIn, MySpace, YouTube, Twitter, Instagram or similar sites in the future. Student use of photography and/or recording devices is prohibited in all class room, laboratory and clinical sites, unless formal permission of the instructor of record is granted in advanced.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media sites. Students should not “follow” or become a patient’s “friend” on a social media site.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions up to and including student removal will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Print name: _____

Signature: _____

Date: _____

Confidentiality Agreement

Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

1. client's name and other identifying information
2. client's diagnosis
3. type of care being provided
4. reason for seeking health care services, treatment, and response to treatment
5. personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows physicians and staff to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include "to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."
- Minimal Information: The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.

HIPAA Program Office; The University of Chicago Medical Center; GUIDANCE (February 18, 2008)

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Print name: _____

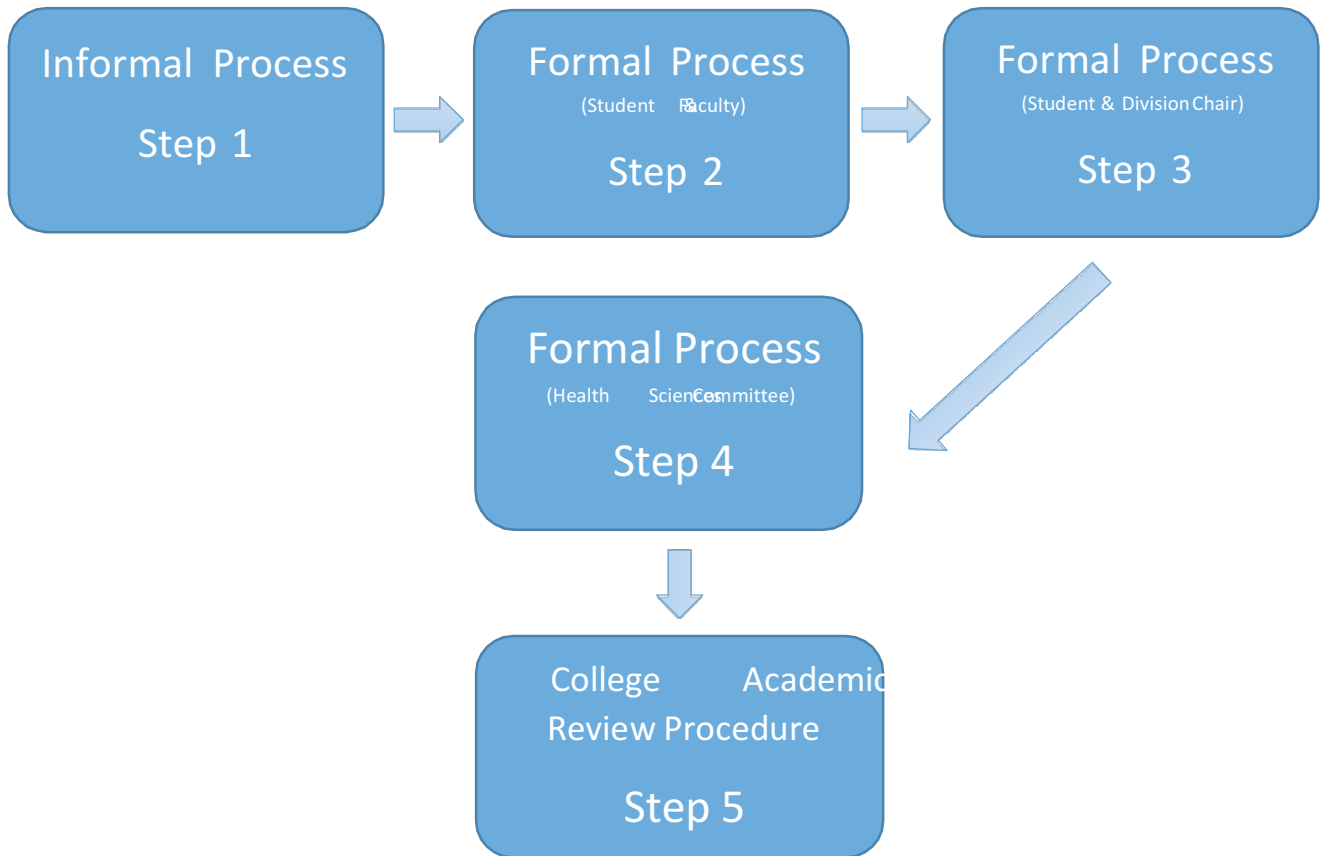
Student Signature _____ Date _____

Academic Review Procedure

Program/Course Appeal Process

Health Sciences Programs

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Nursing and Allied Health Departments. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.



Step 1: Informal Process:

- Students are encouraged to discuss specific concerns with the faculty involved within five (5) instructional days of issue. This is an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process.
- Documentation of the discussion will be generated. (i.e. email, conference form, etc.)

Step 2: Formal Process: (Student, Faculty)

- Student may initiate a formal appeal process in writing by completing and submitting the “Student Appeal Process Form” to the appropriate faculty.
 - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
 - Faculty will schedule meeting within five (5) instructional days.
- Faculty may initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
 - Schedule meeting with student within five (5) instructional days.
 - Documentation: “Student Conference Form”
- If the issue is not resolved, the student may initiate Step 3 of the appeal process.

Step 3: Formal Process: (Student, Department and/or Division Chair)

- If issue is not resolved between student and faculty, the student will request appointment with the respective department and/or division chair within five (5) instructional days.
 - The appeal process request will be submitted by the student in writing to the respective program department and/or division chair.
 - Department and/or division chair will schedule meeting within five (5) instructional days.
 - Documentation: “Student Conference Form”
- If the issue is not resolved, the student may initiate Step 4 of the appeal process.

Step 4: Formal Process (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of meeting with department and/or division chair.
 - Student will email request or schedule to meet with Health Sciences Review Committee within five (5) instructional days of meeting with department and/or division chair.
 - Student will submit all prior documentation related to the issue and complete an Updated “Appeal Process” form with email request.
- Health Sciences Review Committee (Associate Dean of Career and Technical Education; Division Chair; 2 health faculty; 1 student)
 - Committee will convene meeting within five (5) instructional days of request.
 - Committee will review documentation and receive testimony from all parties.
 - Committee will render a decision and/or resolution within five (5) days
 - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure”.

Step 5: Formal Process (College Academic Review Procedure)

Students may initiate the college “Academic Review Procedure” For procedural step refer to the “College Catalog” and/or “Student Handbook.”

**WESTERN IOWA TECH COMMUNITY COLLEGE HEALTH
SERVICES PROGRAMS
STUDENT - FACULTY CONFERENCE RECORD**

Student Name _____ Student ID _____

Program _____ Course _____ Date _____

SUMMARY OF CONFERENCE

_____ Academic (GPA) _____ Laboratory _____ Clinical _____ Personal

Plan of Action and/or Referrals:

STUDENT COMMENTS: (Use back of sheet if needed)

Signature of Faculty Date Signature of Student Date

**WESTERN IOWA TECH COMMUNITY
COLLEGE
HEALTH SERVICES PROGRAMS
STUDENT APPEAL PROCESS FORM**

Student Name _____ Student ID _____

Program _____ Course _____ Date _____

Statement of the issue (problem/concern/complaint/situation) must address the following:

- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

Resolution (check one):

- Issue resolved
- Issue not resolve; student advised to move to next step – Division Chair.
- Issue not resolve; student advised to move to next step – Health Services Review Committee.
- Issue not resolved; student advised of the College Academic Review Procedure.

Student Signature _____ **Date** _____

Indicates only that student has prepared the documentation and consulted with the faculty.

***Faculty Signature** _____ **Date** _____

Division Chair Signature _____ **Date** _____

Indicates only that student has consulted with Faculty and/or Division Chair and does not indicate, express, or imply approval.

Adopted 11/17/2015
Approved Academic Council 11/24/2015

Signature Sheet of Understanding

I have reviewed and understand the Pharmacy Technician Program Admission Information Booklet and agree to abide by these policies.

Print name: _____

Signature _____ Date _____