Pharmacy Technology Program Information and Application
Certificate of Applied Science

Why Choose an Accredited Program?
The Pharmacy Technician Certification Board states that by 2020, you will have had to complete an ASHP/ACPE-accredited program to sit for the national Pharmacy Technician Certification Exam (PTCE). Accredited education is becoming a national standard for pharmacy technicians coming into the profession. The Missoula College Pharmacy Technology Training Program is designed to prepare you to take the PTCE and to function as a Certified Pharmacy Technician. Completion of the program does not guarantee a passing score on the PTCE. Included below is the process for application for acceptance into the program and an application form.

To Apply to the UM Pharmacy Technology Program:
1. Complete the application form located on the last page of this document.
2. Include a cover letter which introduces you to the Pharmacy Technology Program Application Committee, and states the purpose and contents of your application packet. Use a formal letter format with complete well-written thoughts. Include your signature as well as your current address, e-mail address and phone number.
3. Write and include an essay in which you discuss the field of pharmacy and the pharmacy technician’s role in pharmacy.
   a. The express purpose of this essay is to demonstrate your understanding of the profession and to demonstrate your writing skills.
   b. Essays should be no longer than 500 words (2 pages) printed in 12-point font, double-spaced with one-inch margins
   c. Essays should include the following, relating to pharmacy technicians:
      i. Introduction
      ii. Personal characteristics necessary
      iii. Duties, roles and responsibilities
      iv. Description of physical demands
      v. Description of the differing working environments
      vi. Typical hours worked in different environments
      vii. Requirements for certification
      viii. Conclusion
4. Attach documentation of assessments/transcripts to demonstrate appropriate college level skills in math, writing, and computers. Contact the Academic Support Center to arrange assessments. Contact information can be found at http://www.mc.umt.edu/academics/academicsupport/

Minimum Proficiency Requirements:
Math: placement into Level 3 using a proctored ALEKS assessment*
Writing: score of 7 on the E-Write assessment*
Computers: completion of CAPP 120 Introduction to Computers*

*Other math/writing proficiency scores/substitute courses for CAPP 120, Math, and Writing may be accepted. Contact Mary McHugh to have alternative scores/courses evaluated. A successful challenge of CAPP 120 is acceptable. These challenge tests are offered a few times per year. Call Nina Broshar to schedule a CAPP 120 challenge (243-7805).
5. You will be sent an electronic notice regarding the status of your application. You may be asked to attend an interview. It is essential that we have a working e-mail address that you can check on a regular basis. If you are a current U of M Missoula College student, please use the UM e-mail account as required by the U of M for student correspondence. You will receive an electronic letter regarding admission status. If accepted, you will need to reply regarding intent to enroll by August 1.

6. A waiting list of qualified alternates may be created for a limited number of students not admitted initially. Once applicants have accepted or declined admission, alternates will be admitted from the waiting list as spaces become available for the upcoming fall semester only.

7. Once accepted to the program, you will be expected to provide documentation of the following requirements during Fall Semester. Please check with Program Director if you have any questions.
   a. completed CPR training that will not expire until after your internships are completed (spring semester of your program)
   b. completed immunizations and TB testing as noted in the UM Catalog at http://www.umt.edu/catalog/cat/Missoula%20College/healthprof.html
   c. registration with the Montana State Board of Pharmacy as a Technician-in-Training (https://ebiz.mt.gov/pol/

8. You will be required to be admitted to Missoula College prior to attending the program in the fall. Apply to the UM Missoula College in Missoula, Enrollment Services / Admissions Office
   Email: MCAdmissions@umontana.edu
   Website: http://mc.umt.edu/prospectivestudents/
   Phone: 406-243-7882 / 800-542-6882
   FAX: 406-243-7899

Feel free to schedule an appointment with Mary McHugh (mary.mchugh@umontana.edu) to review your application to ensure it is acceptable prior to the due date.

Send completed application to:
   Mary McHugh, Pharm.D., R.Ph.
   Program Director, Pharmacy Technology
   Missoula College
   909 South Avenue West
   Missoula, MT 59801
   406-243-7813
PROGRAM INFORMATION:
The Pharmacy Technology Program is accredited by the American Society of Health-System Pharmacists (ASHP).

<table>
<thead>
<tr>
<th></th>
<th>Credits:</th>
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<tbody>
<tr>
<td>Length of Program:</td>
<td>2 Semesters</td>
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<tr>
<td>Award Upon Graduation:</td>
<td>Certificate of Applied Science</td>
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<tr>
<td>Entry Times:</td>
<td>Fall Semester</td>
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<tr>
<td>Minimum # of Credits for Graduation</td>
<td>30</td>
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<tr>
<td>Minimum age for internships</td>
<td>18 years of age</td>
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**Fall Semester:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>PHAR 100</td>
<td>Introduction to Pharmacy Practice for Technicians</td>
<td>3</td>
</tr>
<tr>
<td>PHAR 101</td>
<td>Pharmacy Calculations</td>
<td>3</td>
</tr>
<tr>
<td>PHAR 102</td>
<td>Pharmacology for Technicians</td>
<td>6</td>
</tr>
<tr>
<td>PHAR 104</td>
<td>Pharmacy Dispensing Lab</td>
<td>3</td>
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**Spring Semester:**

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<thead>
<tr>
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<th>Course Title</th>
<th>Credits</th>
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<tr>
<td>PHAR 121</td>
<td>Prep for PTCE</td>
<td>1</td>
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<tr>
<td>PHAR 120</td>
<td>Medication Safety</td>
<td>3</td>
</tr>
<tr>
<td>PHAR 198</td>
<td>Internship: Pharmacy Technology Retail</td>
<td>4 (v)</td>
</tr>
<tr>
<td>PHAR 198</td>
<td>Internship: Pharmacy Technology Alternative</td>
<td>4 (v)</td>
</tr>
<tr>
<td>AHMS 144</td>
<td>Medical Terminology*</td>
<td>3</td>
</tr>
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*may be completed before entry into the program

**General Information:**

You must complete fall semester course work with a B or better to progress to spring semester classes. You must pass all spring semester courses with a C or better to complete the program.

Internships consist of 2 four week sessions, 40 hours per week. The internship sites represent two different types of pharmacy practice. Prior to internships, you will be required to have completed a specific background check.

Internship sites vary depending upon availability. It is possible that you may need to complete your internships outside your requested area.

**Contact Information:**

- Mary McHugh, Pharm.D., R.Ph. - Program Director
  - Email: mary.mchugh@umontana.edu
  - Phone: 406-243-7813
- Enrollment Services / Admissions Office
  - Email: MCAAdmissions@umontana.edu
  - Phone: 406-243-7882 / 800-542-6882
  - FAX: 406-243-7899
ASHP-Accredited Pharmacy Technology Certificate Program Learning Goals

Personal/Interpersonal Knowledge and Skills

1. Demonstrate ethical conduct in all job-related activities.
2. Present an image appropriate for the profession of pharmacy in appearance and behavior.
3. Communicate clearly when speaking and in writing.
4. Demonstrate a respectful attitude when interacting with diverse patient populations.
5. Apply self-management skills, including time management, stress management, and adapting to change.
6. Apply interpersonal skills, including negotiation skills, conflict resolution, and teamwork.
7. Apply critical thinking skills, creativity, and innovation to solve problems.

Foundational Professional Knowledge and Skills

8. Demonstrate understanding of healthcare occupations and the health care delivery system.
9. Demonstrate understanding of wellness promotion and disease prevention concepts, such as use of health screenings; health practices and environmental factors that impact health; and adverse effects of alcohol, tobacco, and legal and illegal drugs.
10. Demonstrate commitment to excellence in the pharmacy profession and to continuing education and training.
11. Demonstrate knowledge and skills in areas of science relevant to the pharmacy technician’s role, including anatomy/physiology and pharmacology.
12. Perform mathematical calculations essential to the duties of pharmacy technicians in a variety of contemporary settings.
13. Demonstrate understanding of the pharmacy technician’s role in the medication-use process.
14. Demonstrate understanding of major trends, issues, goals, and initiatives taking place in the pharmacy profession.
15. Demonstrate understanding of non-traditional roles of pharmacy technicians.
16. Identify and describe emerging therapies.
17. Demonstrate understanding of the preparation and process for sterile and non-sterile compounding.

Processing and Handling of Medications and Medication Orders

18. Assist pharmacists in collecting, organizing, and recording demographic and clinical information for direct patient care and medication-use review.
19. Receive and screen prescriptions/medication orders for completeness, accuracy, and authenticity.
20. Assist pharmacists in the identification of patients who desire/require counseling to optimize the use of medications, equipment, and devices.
21. Prepare non-patient-specific medications for distribution (e.g., batch, stock medications).
22. Distribute medications in a manner that follows specified procedures.
23. Practice effective infection control procedures, including preventing transmission of blood borne and airborne diseases.
24. Assist pharmacists in preparing, storing, and distributing medication products requiring special handling and documentation [(e.g., controlled substances, immunizations, chemotherapy, investigational drugs, drugs with mandated Risk Evaluation and Mitigation Strategies (REMS)].
25. Assist pharmacists in the monitoring of medication therapy.
27. Maintain pharmacy facilities and equipment, including automated dispensing equipment.
28. Use material safety data sheets (MSDS) to identify, handle, and safely dispose of hazardous materials.

**Sterile and Non-Sterile Compounding**

29. Prepare medications requiring compounding of sterile products.
30. Prepare medications requiring compounding of non-sterile products.
31. Prepare medications requiring compounding of chemotherapy/hazardous products.

**Procurement, Billing, Reimbursement and Inventory Management**

32. Initiate, verify, and assist in the adjudication of billing for pharmacy services and goods, and collect payment for these services.
33. Apply accepted procedures in purchasing pharmaceuticals, devices, and supplies.
34. Apply accepted procedures in inventory control of medications, equipment, and devices.
35. Explain pharmacy reimbursement plans for covering pharmacy services.

**Patient- and Medication-Safety**

36. Apply patient- and medication-safety practices in all aspects of the pharmacy technician’s roles.
37. Verify measurements, preparation, and/or packaging of medications produced by other healthcare professionals (e.g., tech-check-tech).
38. Explain pharmacists’ roles when they are responding to emergency situations and how pharmacy technicians can assist pharmacists by being certified as a Basic Life Support (BLS) Healthcare Provider.
39. Demonstrate skills required for effective emergency preparedness.
40. Assist pharmacists in medication reconciliation.
41. Assist pharmacists in medication therapy management.

**Technology and Informatics**

42. Describe the use of current technology in the healthcare environment to ensure the safety and accuracy of medication dispensing.

**Regulatory Issues**

43. Compare and contrast the roles of pharmacists and pharmacy technicians in ensuring pharmacy department compliance with professional standards and relevant legal, regulatory, formulary, contractual, and safety requirements.
44. Maintain confidentiality of patient information

**Quality Assurance**

45. Apply quality assurance practices to pharmaceuticals, durable and non-durable medical equipment, devices, and supplies.
46. Explain procedures and communication channels to use in the event of a product recall or shortage, a medication error, or identification of another problem.
Application Form for Pharmacy Technology--Certificate of Applied Science

This application is for students applying to the Pharmacy Technology program beginning Fall Semester.

Full Legal Name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>UM Missoula College Student ID</th>
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Current mailing address ________________________________

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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone (______) ______</th>
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Current E-mail address__________________________ Permanent E-mail address________________________

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<thead>
<tr>
<th>Assessments</th>
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<th>Must Include Documentation</th>
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<tbody>
<tr>
<td>Math</td>
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<tr>
<td>Writing</td>
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<tr>
<td>Computers</td>
<td>CAPP 120 grade_____ OR other computer course grade <strong><strong>/</strong><strong><strong>/</strong></strong> OR CAPP120 Challenge documentation)</strong>______</td>
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Conviction of a crime (misdemeanor or felony) could leave an individual ineligible for participation in the certifying test and/or becoming registered in Montana as a certified pharmacy technician. Additionally, the Montana State Board of Pharmacy Application for Pharmacy Technician Registration includes a number of questions regarding personal history, including but not limited to criminal charges. Please contact the PTCB (Pharmacy Technician Certification Board), ptcb.org, or the ICPT Institute for the Certification of Pharmacy Technicians ((314) 442-6775) and the Montana State Board of Pharmacy (http://mt.gov/dli/bsd/) if this is a potential problem.

I have read and understand:

- qualifications to enroll (see above page 1-#4)
- the purpose of the training program (see above page 1)
- requirements for state registration or licensure as a pharmacy technician (http://mt.gov/dli/bsd/)
- legal restrictions on national and state registration (http://www.ptcb.org/get-certified/apply#.Uj3D3H-unAk ) and (http://mt.gov/dli/bsd/)
- prospects for employment and realistic salary expectations or referral to local, state, or national statistics for salary expectations (http://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm )
- total program cost (http://admissions.umt.edu/admissions/missoula-college/tuition ), the Pharmacy Technology Program Handbook on website or you will be sent a copy upon request, and the university dismissal policies http://www.umt.edu/vpsa/policies/student_conduct.php
- the learning goals of the program (see above pages 4-5)
- the tasks I must complete prior to or during Fall semester (see above page 2-#7)

I have included a cover letter, an essay, and documentation of all assessments with this application, as described above.

Signature ___________________________ Date ___________________________
Separately, Missoula College requires the following application to be completed. Please include this with your application to the Pharmacy Technology Program application.
HEALTHCARE APPLICATION FORM

Name________________________ ID or SS#________________________
    Last       First       Middle       Date of Birth,________________________

Previous Names

Mailing Address________________________ Address________________________
    Street Address/PO Box

Phone(_______)________________________ Phone(_______)________________________

Admission Status

Program of Study________________________ Term________________________ Year________________________

Sex: [ ] Male    [ ] Female

Ethnic Background: [ ] American Indian/Alaska Native [ ] Black (Non-Hispanic)
[ ] Oriental/Asian    [ ] Spanish    [ ] White

Tribal Affiliation________________________

RESIDENCY

Are you a citizen of the United States? [ ] Yes [ ] No if no, what is your immigration status?________________________

What was your residency status for fee purposes when last enrolled at the University of Montana?

[ ] Out of State            Note: If you believe that you qualify for in-state status, you may sign and date this application below and submit it along with a completed petition for in-state fee classification.

[ ] In State (MT Resident)            If you check this box please complete the questions below.

Have you been absent from the state of Montana for a total of twelve months or more since your last enrollment at the University of Montana? [ ] Yes [ ] No

If yes, please explain why and how long you were absent:________________________

Do your parents/legal guardians claim you as a federal tax income exemption? Yes, If yes please complete questions a-h below with your parent/guardian information

No, If no please complete questions a-h below with your information

a. Of what state are you a resident?________________________ Date residency began?________________________

b. Your actual dates of physical presence in the state: From________________________ to________________________

c. Your most recently filed state income tax return: Tax Year:________________________ in what state?    [ ] As a part-year resident? [ ] As a full-year resident?

d. Your current voter registration: State:________________________ Date issued:________________________

e. Your current driver’s license: State:________________________ Date issued:________________________

f. What is your employment status?    [ ] full-time    [ ] part-time    [ ] retired    [ ] unemployed    [ ] seasonal

g. Name and address of employer:________________________

     Date of start of employment:________________________

What is your spouse’s employment status? [ ] full-time [ ] part-time [ ] retired [ ] unemployed [ ] seasonal

h. Name and address of employer:________________________

     Name and address of employer:________________________

     Date of start of employment:________________________
EDUCATION HISTORY SECTION
List all colleges/university attended since last enrolled at the University of Montana

Name
Location
Dates
Degrees Earned

Were you ever suspended or dismissed for academic reasons from any of the institutions listed above: Yes No
If yes, please describe:

SAFETY & SECURITY SECTION: All students must answer these questions.

1. Have you ever been convicted of a felony (please include instances of deferred sentencing)? Yes No
   A felony in Montana State Law is defined as a crime for which more than one year in prison may be imposed.

2. Have you been subjected to court-ordered confinement for threatening or causing physical or emotional injury to persons or property?
   Yes No

3. Have you ever been disciplined, suspended from, or placed on probation at any education institution for non-academic reasons?
   Yes No
   Suspension is defined as a sanction imposed for disciplinary reasons that results in a student leaving school for a fixed time period, less than permanently.
   Dismissal from a college for disciplinary reasons is defined as a permanent separation from an institution of higher education on the basis of conduct of behavior.

4. Have you ever been required to register as a sexual or violent offender? Yes No

If you answered “yes” to any of the above questions, please provide an explanation with this application. Failure to do so will delay processing of your application.

An affirmative response to any of these questions will not automatically prevent admissions, but you will be asked by the University to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in denial of admission or dismissal.

To ensure adequate evaluation of your file, this application and all supporting documentation must be received thirty days before the beginning of your enrollment term (Please Note: this applies to only those who indicate “yes” to any of the above Safety and Security questions.)

I hereby certify, to the best of my knowledge, the information on this application for readmission is true and complete, without evasion or misrepresentation. I understand that, if it is later found otherwise, it is sufficient cause for rejection or dismissal.

If my application for readmissions is approved, I agree to abide by the present and future rules and regulations both academic and nonacademic, and the scholastic standards of the appropriate institution, its colleges, schools, departments and institutions, including, but not limited to those rules, regulations and standards stated in both the undergraduate and graduate catalogs. If further acknowledge that, if I fail to adhere to these regulations or meet these requirements, my registration may be cancelled.

Date of Application

Applicant’s Signature (Complete Legal Name)

Program Director Approval

If you have attended the University of Montana before and have been gone from school for two years (24 months) or more, use this form to reapply for admissions. Students whose only previous enrollment has been in continuing education courses use a different form, the standard admissions application, available from Admissions and New Students Services.

Health Form – Students newly admitted or readmitted after a 24-month absence must complete and submit to the Student Health Service a Medical History Record, before registration can be permitted.