



## Uintah Basin Technical College Pharmacy Technician Program

Thank you for your interest in the Pharmacy Technician Program at Uintah Basin Technical College (UBTech). The Pharmacy Technician Program at UBTech is accredited by the American Society of Health-Systems Pharmacists (ASHP). For more information, contact ASHP at 4500 East-West Highway, Suite 900 Bethesda, MD, 20814, phone (866) 279-0681, email <https://www.ashp.org/>

### **This packet includes materials needed to start the application process:**

- Application Form
- Verification Form for Direct Patient Care
- Criteria Used for Allotment of Points

### **Items to be aware of:**

- **The application deadline is July 28th**
- We require an official verification of High School graduation or GED for post-secondary students. Secondary students must be 17 years of age upon the first day of the program and on track to graduate with verification from high-school counselor in order to participate in the program. Students must be 18 years of age to attend clinical/externship.
- **Placement testing** must be completed in the UBTech testing center sooner than one week (5 business days) before the application deadline. An appointment is required. Call Trinity Long at the Vernal campus (435) 725-7103 or Holly Mickelson at the Roosevelt campus (435) 722-6914 to schedule your appointment.
- Program entrance is guided by point value. (See criteria below; Appendix A)
- It is preferable if students have a printer and a laptop or tablet or similar device that is internet capable and equipped with Windows 8 or a newer operating system as well as Microsoft Word.

- Healthcare can be physically and emotionally demanding; if accepted, you will be required to submit a statement from your primary care provider attesting to your ability to safely carry out program duties.
- **Immunizations are required per facility protocol before clinical/externship.**
  - Proof of two MMR vaccinations or a therapeutic titer
  - Varicella: History of the disease, positive titer or proof of two vaccinations
  - Documentation of a three dose Hepatitis B vaccination series or a reactive titer
  - Current TB skin test (within the current school year)
  - Annual Influenza vaccination
  - DTaP within the previous 5 years

\*\*\*An individual with severe or life-threatening allergy that prevents them from receiving one or more of these immunizations must provide documentation from their primary care provider. Ultimately, the decision to allow such an individual to engage in direct patient care rests with the administrator of the clinical facility. This policy is in place for the protection of students and patients alike.

- A criminal background check and urine drug screen will be performed upon acceptance to the program. Successfully passing both of these are required for continuation of the program.
  - If you have ever been convicted of a crime, or have ever entered a guilty plea to a misdemeanor or a felony, we encourage you to contact the Division of Occupational and Professional Licensing at 160 East 300 South PO Box 146741 Salt Lake City, Utah 84114.
- Complete all portions of all pages indicated in the packet and submit them online through the form uploader at: [http://www.ubtech.edu/avada\\_portfolio/pharmacy-technician/](http://www.ubtech.edu/avada_portfolio/pharmacy-technician/)
- **Please call (435) 722-6909, or email [echristensen@ubtech.edu](mailto:echristensen@ubtech.edu) with any questions regarding the application process.**

## UBTech Pharmacy Technician Program Application Form

Date \_\_\_\_\_ Full Legal Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

(city/county/state/country)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

**List High School, Colleges, and Universities you attended:**

Name of School	City and State	Degree Earned	Dates Attended
----------------	----------------	---------------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List any honors and/or special awards you received:**

_____
_____
_____
_____

**Work Experience beginning with most recent: If none, write 'none'.**

Position	Dates Employed	Company City/State	Supervisor Phone Number
----------	----------------	--------------------	-------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**UBTech Pharmacy Technician Program Verification Form for Direct Patient Care**

This form is to be completed in order to verify at least 1000 hours of direct patient in the previous 12 months. **If you have not been employed or volunteered in a direct patient care role, do not complete this form.**

**Applicant- complete this portion:**

Name of Applicant \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Name of Direct Supervisor \_\_\_\_\_ Direct

Care Position Job Title \_\_\_\_\_

**To be completed by direct supervisor:**

I verify that the person named above has completed at least 1000 hours of direct patient care in the previous 12 months while working under my supervision.

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

Signature: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**UBTech Pharmacy Technician Program Appendix A: Criteria Used for Allotment of Points**

**Application Points:**

	Points Possible	Points Earned
Resident of Tri-County area	1	
Accepted student who declined last year	2	
Previous years' alternate list	1	
<b>Nursing Assistant UBTech Graduate*</b>	1	
<b>Practical Nursing UBTech Graduate*</b>	1	
<b>Medical Assistant UBTech Graduate*</b>	1	

Faculty Interview	5	
Student Essay (Part of Interview Process)	5	
**Verification of 1000 hours direct patient care employment or volunteer service in the previous 12 months	3	
	<b>Total Points Earned</b>	

**\*Note that only one of these is eligible for points- for example,** an applicant who completed both the certified nursing assistant course and the pharmacy technician courses at UBTech would be awarded one point, not three points.

\*\*Verification of 1000 hours is not a requirement for admission to the program.

<b>ACT Grade Level Equivalency</b>	
ACT Score	GLE
19	12th
18	11th

### **UBTech Pharmacy Technician Program Acknowledgements**

I, \_\_\_\_\_ verify I have been given information about the following prior to enrollment:

- Qualifications to enroll;
- The purpose of the training program;
- Requirements for state registration or licensure as a pharmacy technician;
- Requirements for obtaining and maintaining national pharmacy technician certification;
- Programmatic and institutional accreditation status;
- Prospects for employment;
- Realistic salary expectations or referral to local, state, or national statistics for salary expectations;
- Total program cost;

- The program's dismissal policy including academic and non-academic criteria, including, but not limited to the organizations Student Code of Conduct; and
- Graduate performance on national exams posted on public-facing materials and websites.

Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_