



PHARMACY TECHNICIANS work under the supervision of a Pharmacist in the delivery of tasks that include preparing and filling prescriptions, issuing medicine and handling a variety of drugs while maintaining patient records. The Pharmacy Technician Program educates students on the reaction between the human body and medications, processing insurance claims, packaging and labeling orders, and maintaining and monitoring inventory. In addition to general education requirements, students will learn and practice pharmaceutical terminology, record keeping, pharmacology practices, pharmacy procedures, calculations and conversion in measurements.

A trained Pharmacy Technician will acquire competence to prepare parenteral medications, process medications, perform sterile/non-sterile compounding, follow established policies and procedures for procurement, billing, reimbursement/inventory management, apply patient medication safety practices, use technology and informatics, abide by state and federal regulations governing the practice of pharmacy, apply quality assurance practices, and participates in drug utilization. All duties are performed under the supervision of a licensed Pharmacist. Duties for the Pharmacy Technician may vary depending upon the type of facility in which they are employed, as well as federal and state laws and regulations that define Pharmacy Technician practice.

SLCHC GRADUATES are eligible to apply to sit for the Pharmacy Technician Certification Board (PTCB) Exam and will obtain their State Pharmacy Technician Licensure.



ST. LOUIS COLLEGE of HEALTH CAREERS

SLCHC.EDU

To support a system of education and professional training which assure the public the avialability of competent personnel to the accepted functions of the practice of pharmacy, especially disenfranchised communities. – Vision systement by the National Pharmaceutical Association.

City Campus 909 S Taylor St. Louis, MO 63110 (314)652-0300 County Campus 1297 N. Hwy. Drive Fenton, MO 63026 (636)529-0000

www.slchc.edu



PHARMACY TECHNICIAN ASSOCIATE

Associate Degree							
Course #	Course	Hours	Credits				
Semester I							
BI103	Human Biology Theory	60	4				
BI103L	Human Biology Lab	30	1				
HB303	Medical Terminology	45	3				
PS101	Psychology	45	3				
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AH100	Professional Development	45	3				
MT201	Technical Math	45	3				
Semester II							
PH121	Fundamental Skills Theory I	60	4				
PH121L	Fundamental Skills Lab I	60	2				
PH221	Fundamental Skills Theory II	45	3				
PH221L	Fundamental Skills Lab II	60	2				
PH250	Externship	135	3				
Semester III							
EN150	Communications	45	3				
SC101	Sociology	45	3				
ENG101	English Composition	45	3				
MT204	Pre-Algebra	45	3				
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HM201	Electronic Health Records Theory	45	3				
HM201L	Electronic Health Records Lab	30	1				
Semester IV							
PA204	Medical Billing Procedures Theory	45	3				
PA204L	Medical Billing Procedures Lab	30	1				
PH202	Human Pathology & Pharmacology Concepts	45	3				
HC101	Ethics	45	3				
HM306	Legal Aspects of Medical Records	45	3				
72 Weeks	Combined Program Totals	1095	60				

Fill out the online application or to request an application packet contact:

CITY CAMPUS	COUNTY CAMPUS
909 S Taylor	1297 N Hwy. Drive
St. Louis, MO 63110	Fenton, MO 63026
(314)652-0300	(636)529-0000

admissions@slchemail.com

What will you learn?

The Pharmacy Technician program incorporates curriculum to educate students to assist pharmacists in processing prescriptions and maintaining the pharmacy department. Pharmacy technicians are trained on the reaction between the human body and medications, processing insurance claims, packaging and labeling orders, and maintaining and monitoring inventory. In addition to general education requirements, students will learn and practice pharmaceutical terminology, record keeping, pharmacology practices, pharmacy procedures, calculations and conversion in measurements.

Graduate Opportunities:

A graduate from the Pharmacy Technician program can work as a professional in a retail pharmacy, hospital, home health care setting, mail order or pharmaceutical wholesalers industry. Duties for the Pharmacy Technician may vary depending upon the type of facility in which they are employed, as well as federal and state laws and regulations that define Pharmacy Technician practice.

Certification:

SLCHC graduates are eligible to apply for approval to take the Pharmacy Technician Certification Board (PTCB) Exam and will obtain their State Pharmacy Technician Licensure.

*Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Pharmacy Technician, on the Internet at https://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm





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APPLICATION FOR ADMISSIONS

Please complete all items on both sides of this form, and print legibly in ink.

Withholding information requested on this application or giving false information

may delay or void admission or result in dismissal following admission.

PERSONAL INFORMATION

Name: Last F	irst Middle Initial	N	Maiden	Social Security #			
Present Address: Number	& Street City	State	Zip	Area Code & Home Telephone #			
Date of Birth Place o	State of Permanent Re	esidence	nce Area Code & Cell Telephone #				
Are you at U.S. Citizen? Have you ever served or a		are you now serving in the Armed Forces?		E-Mail Address			
☐ Yes ☐ No	☐ Yes ☐ No Dates of Service:						
I agree to allow all SLCHC team members to call, text or email me using the info above: (initial please)							
ADMISSIONS INFORMATION	N						
Today's Date (Month – Date –	Application Status:	If a Readmission,		Program in which previously			
Year)	☐ New Student ☐ Indepen	dent date previously attende	d:	enrolled:			
	☐ Readmission ☐ Depende	ent					
]	PLEASE INDICATE PROC	GRAM & SCHEDULE OF	INTERES	T:			
CITY CAMPUS PROGRAMS:	SCHEDULE:	COUNTY CAMPUS	PROGRAM	S: SCHEDULE:			
☐ Medical Assistant	\Box DAY	☐ Medical Assistant		\Box DAY			
☐ Medical Assistant (AAS)	\square EVENING	☐ Medical Assistant (☐ Medical Assistant (AAS) ☐ EVENING				
☐ Patient Care Technician		☐ Occupational Therapy Assistant (AAS)					
☐ Medical Office Administration		☐ Patient Care Technician					
☐ Professional Medical Billing (AA	☐ Pharmacy Technician						
☐ Pharmacy Technician	☐ Pharmacy Technician (AAS)						
☐ Pharmacy Technician (AAS)	☐ Physical Therapist Assistant (AAS)						
	☐ Practical Nursing						
		☐ Respiratory Therapy (AAS)					
EDUCATIONAL INFORMATI	ON						
ATTESTA	ΓΙΟΝ	Do you have a high school dip	oloma? 🗆 Y	es □ No Graduation Date:			
By my signature on the reverse of this have achieved high school or equivalent	ent graduate status, and the	Do you have a CED cartificat	Do you have a GED certification □ Yes □ No Date Earned:				
information I am providing on this ap	Do you have a GED certification						
High School Name	City, State	Dates Attended		Diploma			
Name of School	City State	Dates Attended Diploma/Degree/ # of Hours					
College/University							
College/University							
Other							



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EMPLOYMENT INFORMATION (this information is utilized to assist graduates pursuing employment opportunities)

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Present or Most Recent Employer	Address & City/State/Zip Code		Area Code & Telephone #
Dates of Employment	Job Title		Immediate Supervisor
From To			1
Previous Employer	Address & City/State/Zip Code		Area Code & Telephone #
Dates of Employment	Job Title		Immediate Supervisor
From To			
SPECIAL NEEDS INFORMATION			
What means of transportation will you use to get to scho	ol?	Personal Auto: Year	Make/Model License #
Do you feel that you have any physical/mental handicape ability to successfully complete your program or seek en		If Yes, please explain:	
Do you feel that you have or have had any illness/disease individuals you may come in contact with in the classroom		If Yes, please explain:	
EMERGENCY CONTACTS (please pr	ovide two separate names &	numbers)	
Name Relationship		ldress	Telephone #
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Name Relationship	Δd	ldress	Telephone #
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All information and material submitted to St. Loui deemed necessary for official purposes. The applic		become property of the College and s	
 Upon enrollment, you must submit any of Upon enrollment, you must submit \$50 is denied admission with \$10.00 kept for GED information that may be required. You must sign and date this application. 	application fee prior to meeting wi r Wonderlic Processing. An addition	th Financial Aid. \$40.00 of this fee v	will be refunded if the applicant
Concerning the release of information, I hereby gi records – including transcripts and diplomas – that any and all information regarding my financial rec St. Louis College of Health Careers.	t may be needed to help determine	my enrollment eligibility. I also here	eby give my consent to release
Furthermore, I hereby give my consent to release a well as my enrollment information to any other ag clinical/practicum/externship, etc., and for which I	encies with which I am associated	for assistance, such as housing, child	
Additionally, I hereby give my consent for my par St. Louis College of Health Careers. However, the that contains my name, social security number, pro must display some form of identification.	recipient of this information must	present to a school official a written	request signed and dated by m
Applicant Signature		Ī)ate
St. Louis College of Health Careers adheres to the creed, physical or mental handicap, veteran status The following information is being collected for	or national origin. This policy externational purposes only. This in	ends to all programs and activities su information will not be considered f	pported by the college. for Admission purposes.
RACE : African American Hispanic Caucas	sian ∟ Asian ∟ American Indian/ <i>A</i>	Maska Native ⊔ Other SEX: ⊔ Mal	e ∟ Female