



ACADEMY
of MEDICAL PROFESSIONS

BRUNSWICK BUSINESS CENTER
18 Pleasant St, Ste 210, Brunswick, ME 04011

TOLL FREE (866) 516-8274
TEL (207) 721-0714
FAX (207) 449-1242

info@AcademyofMedicalProfessions.com
www.AcademyofMedicalProfessions.com

PHARMACY TECHNICIAN CERTIFICATE

This 14-week program prepares you to pass the Pharmacy Technician Certification Board exam. You will also receive a Certificate of Completion through the Academy of Medical Professions. This program is active for ONE YEAR from date the of the Student's activation, this allows our Students the time to successfully complete the program and to review up until the day they sit for the National Certification Exam.

As a Pharmacy Technician, you will be helping the Licensed Pharmacist with all the necessary day-to-day services that the Pharmacy provides. Everything from preparing medications to answering phones, receiving and verifying prescriptions, counting tablets, taking requests for refilling of medications, and much more. You are an assistant to the pharmacist.

Talk about job security!! This is a growing field with high demand and great salaries. You can work for places such as: Pharmacies at Hospitals, Independent Pharmacies, and retail chains like Rite Aid and Wal-Mart and Walgreens. There are so many possibilities.

Excellent communication skills and customer service are essential in this field. You must have the ability to learn and retain procedural processes and apply them quickly and accurately. Most places do require flexibility of hours some might ask for: nights, weekends, or holidays depending on where you work and for whom you work.

You will be working one-on-one with a Pharmacy Technician instructor as you go through your weekly assignments. She is always available and is in constant contact with you as you progress through the program.

PHARMACY TECHNICIAN LEARNING MODULES AND COURSE INFORMATION

- Coverage of all core curriculum requirements in the ASHP (American Society of Health-System Pharmacists) curriculum including: Orientation, federal law, medication review, aseptic techniques, calculations, everyday pharmacy operations.
- Over 7 ½ hours of audio providing student with listening, reading and a visual learning experience.
- Over 2,500 pictures and graphics to illustrate the technical details of each topic. Pictures are from a working pharmacy, illustrating actual duties of pharmacy technicians, from greeting customers to performing basic aseptic techniques.
- Over 20 minutes of video guiding the student through the learning experience. An individual video clip introduces each of the subsections and provides study topic hints for the student.
- We will not only prepare you for the exam to be a Certified Pharmacy Technician, but also help you with job placement, encouraging you and staying in touch through our interactive web site and also contacts through e-mail and phone. We want you to succeed in your career goals.
- Independent Certified Pharmacy Technician online instructor from our company guiding, motivating, and answering questions throughout your course, working independently with each student.

OUR WEB-BASED TESTING SYSTEM INCLUDES

- Section quizzes that test student's comprehension.
- Section tests that reinforce what students should have learned.
- Pre-Final Exam at the end of the program allows students to receive immediate feedback.
- Final Exam is a simulated 125-question PTCB exam that is timed without feedback, mimicking the actual exam.
- Competency percentages match with PTCB exam.
- Custom tests for each student with questions drawn from OUR database of more than 1,000 unique test questions.

Fees for this program include:

All materials needed for this program.

Reference books and materials.

COST OF NATIONAL CERTIFICATION EXAM.

PHARMACY TECHNICIAN SCHOOL CALENDAR

Pharmacy Technician Training Certificate Program is a WEB BASED PROGRAM and the start dates are within 2 weeks of enrolling. An instructor is assigned to you for validating all materials and answering questions.

ENTRANCE REQUIREMENTS ATTENDANCE POLICY

All applicants must be **18 years of age**, have completed high school with a diploma or GED equivalent. Basic math and familiarity with a computer are essential for admittance into the Pharmacy Technician program. **If you have a felony on your record, please be aware that this may hinder you applying for a job or obtaining your certification; please be sure to discuss this with the school beforehand.** You must complete the software lectures. Be advised if the **class moves faster** than predicted, you could possibly graduate within the 15-week program. If you would like us to provide a tutored pretest before participating in this course, there will be an \$80 tutored test fee.

COMPLETION REQUIREMENTS

You must be successfully pass all Sections, the Study Aides, HIPAA, Virtual exercises and Video lessons in order to receive the certificate. Each has both quizzes and tests to pass. Both the Pre-Final Exam and the Final Exam mimic questions you would receive on the National Exam.

REFUND POLICY

- You may terminate the Enrollment Agreement or training at any time. If you do so, you must inform the **School in writing**. Termination will become effective upon receipt of the **written** notice or week corresponding with start date.
- If you terminate within **three days** of enrolling, provided you have not commenced training, you will receive a refund of money paid to Transcription Associates, Inc. /Academy of Medical Transcription, minus \$350 for software registered, and \$300.00 application fee is nonrefundable. If no software is provided or used and is returned, the total subtracted from the refund will be \$650. If software is provided and used, \$300.00 will be returned.
- If you terminate within the **first 3 weeks**, you will receive a pro rata refund equal to the unused portion of monies received from your last day of attendance, or week corresponding with your course assignment, less the application fee of \$300.00, the software fee of \$350, minus attendance fees. If we do not receive written letter of request to drop out of the program by the fourth class, **NO REFUND**.



ACADEMY

of MEDICAL PROFESSIONS

Brunswick Business Center
207-721-0714
www.academyofmedicalprofessions.com

18 Pleasant Street, Suite 210
1-866-516-8274 (toll free)

Brunswick, ME 04011
207-449-1242 (fax)
info@academyofmedicalprofessions.com

PHARMACY TECHNICIAN COURSE ENROLLMENT AGREEMENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

START DATE: _____

WHERE DID YOU HEAR ABOUT OUR COURSES?

If Adult Education, which one? _____

PAYMENT METHOD

****Please make checks payable to the Academy of Medical Professions****

\$300.00 non-refundable enrollment fee is already included in the price

SINGLE PAYMENT

CIRCLE ONE

\$2,050

Pharmacy Technician program with Certification

\$2,050

Voucher Payment, Pharmacy Technician program with Certification

VOUCHER PAYMENTS I.E. GOODWILL, DEPT OF LABOR, VA, MYCAA, ETC.

Name of Organization paying and contact information:

PAYMENT PLANS

(Finance Fees Included)

MONTHLY PAYMENT PLANS:

CIRCLE ONE

\$2,275

Pharmacy Technician

\$500 Down, \$325 for 7 months



PHARMACY TECHNICIAN COURSE ENROLLMENT AGREEMENT

Page 2

PAYMENTS MADE BY CREDIT CARDS

CREDIT CARD # _____

EXPIRATION: _____ SECURITY CODE: _____ TYPE OF CARD: _____

NAME AS IT APPEARS ON CARD: _____

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:

(Check One)

DEPOSIT Amount \$ _____ Date to take out deposit: _____

(OR)

Payment in **FULL** \$ _____ Date to take out the full payment: _____

PAYMENT PLAN: Date to begin payments: _____

CONTRACT AGREEMENT

I, _____ hereby agree to the above-mentioned terms of the program. I agree to the payment plan chosen above and I have read and understand the REFUND POLICY for his course and agree to its terms. I agree that if I have a payment plan, that I will keep it in good standing, and that if my account is sent to collections, I am responsible for the legal fees, late fees, and payment plan I have agreed to: SIGNATURE: _____ DATE: _____

(THIS INFORMATION IS ONLY NEEDED IF USING PAYMENT PLAN)

SS# _____ DRIVER'S LICENSE # _____ STATE _____