Pharmacy Technology Program

September 2024-2025

March 14, 2024

Dear Prospective Pharmacy Technology student:

Thank you for choosing Tennessee College of Applied Technology Pulaski for your educational goals. We are excited to have you begin the Pharmacy Technology program!

You will need to complete an application online at www.tcatpulaski.edu/apply/now as soon as possible. Please see the instructions on the last page. If you do not have access to internet, you can apply at TCAT in Pulaski. Enclosed in the packet, you will find a list of deadlines and important dates. Please read carefully and follow all directions.

Deadlines needed by August 15, 2024:
- **Meet with Instructor, Nicole Neely, 931-424-2965**
- **Signed Release of Information (ferpa form) (inside the packet)**
- **Driver license (copy)**
- **Medical Insurance (copy)**
- **3 References (inside packet)**
- **Completed physical form (inside packet)**
- **Current transcript/High School diploma or GED**

There are 3 *blank reference forms* that need to be completed and returned August 15, 2024. Please ask those providing your reference to put in a sealed envelope. These references can be provided by an employer, teacher, professional, etc… immediate family members and friends are not acceptable references.

Mandatory Information Session: August 15, 2024.

You are required to attend the MANDATORY INFORMATION SESSION ON August 15, 2024 @ 9:00 am. The meeting could last 3 hours. CHILDREN are not allowed at this meeting. You will receive background check and drug screen forms at this mandatory meeting.

Applicants will be notified by letter of acceptance contingent upon a clear criminal background check and a negative drug screen. The class hours are 8:00 a.m. until 2:30 p.m. Monday through Friday.

If you have any questions or would like to discuss the program further, feel free to call or visit our campus at any time.

Sincerely,

Amy Key RN, BSN

Amy Key RN, BSN
Director of Nursing and Allied Health

ak/enclosures

Dear Prospective TCAT-Pulaski Student:

To apply online:

1. Go to our website www.tcatpulaski.edu/apply/now
2. This will then take you to the Admission Login page. Click on First Time User Account Creation.
3. You will create a Login ID, create a Pin and verify Pin. (Please save this information because you will need it.)
4. You will then Login and it will take you to Select an Application Type.
5. Use the drop-down box and choose (A1) New College Applicant or (A2) Returning TCAT Applicant and hit Continue. (Note: If you select (A2) Returning TCAT Applicant, then you will have to fill out the entire Prior College Section).
6. It will direct you to Apply for Admissions where you will select your Admission Term "Fall 2024". Enter your name and click Fill out Application.
7. *You will have an Application Checklist (blue icons). Please make sure you complete all fields.
8. Once you have successfully completed all icons they will each have a red check mark. Click Application is Complete and you must agree to the terms.
9. If you do not have access to the internet, you can apply in person at TCAT-Pulaski.

*Please note: You will need to enter your phone information without dashes or hyphens and leave the extension box blank.

If you have any questions, please give a student services representative a call at (931)424-4014.

TCAT Pulaski Admissions

HOW TO APPLY FOR FINANCIAL AID

You must complete and submit the 2024-2025 FAFSA to apply for federal student aid and for state and institutional aid. The SCHOOL CODE for the Tennessee College of Applied Technology-Pulaski is 009464.

There are 3 ways to apply for financial aid. You will need to have your 2022 tax returns and W2's available in order to apply for any financial aid.

Option #1-Go to fafsa.gov and apply online

Option #2-go to https://studentaid.gov/sites/default/files/2022-23-fafsa.pdf to print a PDF version of the FAFSA

Option #3-Call 1-800-4-FED-AID (1-800-433-3243) and request a paper application by mail

If you choose to apply using *Option 1* listed above, you will need to create an FSA ID.

Please see attachment for further instructions on creating an FSA ID.

Select the option to "Fill out your FAFSA", and then select the "appropriate year FAFSA". At this point your will proceed and begin completing the FAFSA by answering each question that is asked. Do not leave any questions blank when completing the online FAFSA. If you fail to answer all the required questions, you will not be allowed to move on to the next screen. Once you have completed the entire application you will be asked to sign electronically. Be sure to submit the application completely, and do not close the web page until you receive a submission confirmation and get a confirmation number. If you do not get a confirmation number, then your application was not submitted correctly and will not be processed and sent to the school.

If you choose to apply using *Option 2 or 3* listed above, you will need to simply complete and sign the paper FAFSA form and mail it to the address listed on the FAFSA application, which is Federal Student Aid Programs, PO Box 7650, London, KY 40742-7650.

If you complete the FAFSA online, please allow 7-10 days for processing. Allow 3-4 weeks for the paper applications to be processed. You may contact the school after allowing the appropriate processing time for your FAFSA to inquire about eligibility.

FSA ID STEP-BY-STEP GUIDE

Your FSA ID gives you access to Federal Student Aid's online system and serves as your legal signature. Both student & parent(s) should each create an FSA ID username and password to electronically sign the FAFSA. Only create an FSA ID using your own personal information and for your own exclusive use. You'll use your FSA ID every year you are in college to complete the FAFSA and review your federal student aid. The 2024-2025 FAFSA is scheduled to open in December 2023.

To create an FSA ID, go to studentaid.gov then follow the steps below.

STEP 1: First Name, Last Name, Date of Birth, Social Security Number

STEP 2: Create Username and Enter Email & Password

Tip: use a non-school related email address that students will have access to after graduation.

STEP 3: Mailing Address & Mobile Phone Number

STEP 4: Choose Communication & Language Preference

STEP 5: Select & Answer Four Challenge Questions

See challenge question box below

STEP 6: Review Information

STEP 7: Verify Email & Mobile Number

CHALLENGE QUESTIONS

To avoid the FSA ID site timing out account creation, preselect and answer challenge questions from the list below. You will need **four** challenge questions and answers when you create your FSA ID.

What was the name of your elementary school?_____

What city were you born in? _____

What was the name of your first pet?_____

What was your high school's mascot?_____

What color was your first car? _____

What is the name of the street where you grew up?_____

What is your father's middle name?_____

What was the name of your first teacher?_____

TN FAFSA FRENZY

MY FSA ID INFORMATION

Now that you have all your information prepared, use the fill-in-the-blank sections below to remember what you need to create your FSA ID.

STUDENT FSA ID

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

PARENT 1 FSA ID

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

PARENT 2 FSA ID*

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

*Only create Parent 2 FSA ID if married and filed 2022 taxes separately.
Married filing jointly requires only Parent 1 FSA ID.

IF YOU NEED HELP WITH YOUR FSA ID, PLEASE CALL 1.800.433.3243

TENNESSEE COLLEGE OF APPLIED TECHNOLOGY — PULASKI

1233 East College Street Pulaski, TN 38478
931-424-4014   www.tcatpulaski.edu

Career Training

Administrative Office Technology
Advanced Manufacturing Education
Building Construction Technology
CNC Machining Technology
Computer Operating Systems and Network Technologies
Criminal Justice: Correctional Officer
Electrical and Plumbing Construction Technology
Heating, Ventilation, and Air Conditioning and Refrigeration
Industrial Electricity
Industrial Maintenance Technology
Patient Care Technology/ Medical Assisting
Pharmacy Technology
Practical Nursing
Residential/Commercial Wiring & Plumbing
Welding Technology

Training Locations

Main Campus (Pulaski, TN)
Lawrence County Instructional Service Center
Lawrenceburg Instructional Service Center
North Lawrence Instructional Service Center
South Lawrence Instructional Service Center

PHARMACY TECHNOLOGY

The mission of the Pharmacy Technology program is to train students for employment in retail and wholesale pharmacies, and home health care and long term care facilities. They will perform as pharmacy technicians or assistants under the direct supervision of the pharmacist. Students will learn to become skilled in medications, prescription preparation, reconstitution and IV preparation. They will also learn to establish and maintain patient profiles, packaging and equipment, and to perform administrative, communicative, and inventory control duties. Clinical training is provided in all work environments. Upon completion of training, students will be prepared to take the Pharmacy Technology Certification Examination (PTCE). Students will receive hands-on experience using PioneerRx, a leading pharmacy software system. More information about this software is available at https://www.pioneerrx.com.

Employment Opportunities:

- Pharmacies
- Home health care facilities
- Long term care facilities

Program Instructor:
Nicole Neely
nicole.neely@tcatpulaski.edu
931-424-2965

ENROLLMENT INFORMATION

Classes Offered:	Full-Time: Monday - Friday 8 to 2:30
Program Length:	1,296 Hours
Program Location:	Pulaski Main Campus 1233 East College Street Pulaski, TN 38478
Program Cost including Tuition, Fees, plus Books/Supplies	$1,336 per trimester x 3 trimesters=4,008 $1037.09Books/Supplies *Total Cost $5,045.09 *These costs are subject to change
Requirements:	Complete the Admissions Process Checklist
Financial Aid:	Available to those who qualify
For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at www.tcatpulaski.edu	

Pharmacy Technology Course Outline

First Trimester	
Worker Characteristic	6 Hours
Orientation	6 Hours
Technology Foundations	30 Hours
Keyboarding	20 Hours
Pharmacy Math	104 Hours
Pharmacy Practice and Lab I	90 Hours
Top Drugs I	56 Hours
Pharmacology	100 Hours
Career Readiness/Technology Foundations	20 Hours
	432 Hours

Second Trimester	
Worker Characteristic	6 Hours
Law Ethics and HIPPA	30 Hours
Top Drugs II	50 Hours
Pharmacy Practice and Lab II	220 Hours
Pharmacology	90 Hours
Third Party Reimbursement	36 Hours
	864 Hours

Third Trimester	
Worker Characteristic	6 Hours
Clinical Training & PTCE Exam Preparation	426 Hours
Pharmacy Technology Diploma	**1296 Hours**

Admission Requirements:
* **Applicants must be 18 years of age**
* **Complete a TCAT-P application**
* **Provide a regular high school diploma or HiSet/GED transcript**
* **Provide proof of 2 MMR and 2 Varicella immunizations/titers**
    T.B. Skin Test
    Flu Vaccination
    Tetanus
* **Proof of Medical Insurance**
* **Proof of Driver's License**

Students are subject to drug screening, criminal background check, and possibly other vaccinations based upon clinical affiliation agreements.

3/2024

Tennessee College of Applied Technology Pulaski

Pharmacy Technology Class
2024-2025

- **Deadline August 15, 2024 TCAT Application Due**

- **Deadline Thursday, August 15, 2024:**
    - **TCAT Online Application**
    - **Signed Release of Information**
    - **Copy of High School Diploma/HiSET/GED or Transcript**
    - **Copy of Medical Insurance**
    - **Copy of Valid Driver License**
    - **3 Letters of Recommendation (cannot be from family/friends)**
    - **Completed physical form (inside packet)**

- ☐ <mark>**Mandatory Information Session @ TCAT Pulaski Thursday, August 15, 2024; 9:00-12:00**</mark>**; all required documentation is absolutely due by this date.**

- ☐ **Vaccinations/Immunizations:**
    2 MMR vaccinations or titers
    2 Varicella vaccinations or titers
    Current Tetanus vaccination
    Current TB skin test
    Flu vaccination

- ☐ **Confirmation by applicant of acceptance to Pharmacy Technology program. Please call 424-4014; ask for admissions and financial aid to confirm your intentions to enroll.**

- ☐ **Acceptance is contingent upon background check and drug screen results. Acceptance letters will be mailed .**

- ☐ **Criminal Background Check and Drug Screen forms with instructions are given to you at the August 15 mandatory info session. This process could take 2 weeks.**

- ☐ **Deadline of August 30, 2024 for Physical Exam including vaccinations and titers.**

- ☐ **Class starts Tuesday, September 3, 2024.**

CONTACT INFORMATION

Below are some of the contacts that you may need while exploring and preparing for your education at Tennessee College of Applied Technology-Pulaski. Feel free to call, make an appointment or drop by and speak to those that may be able to assist you.

Melissa Banks, Administrative Support   424-4014

Codie Brown, Admissions   424-2428

Carrie Gilbert, Financial Aid & VA School Certifying Official   424-2406

Amy Key, Director of Nursing and Allied Health   424-2437

Nicole Neely, Pharmacy Technology Instructor   424-2965

Christa Williams, Vice President Student Services   424-2404

Emmy Williams, Recruiter/Dual Enrollment   424-2400

Tennessee College of Applied Technology Pulaski

Pharmacy Technology Class
2023-24

I, _____, do hereby give permission to release information to
  (Please Print Legibly Full Name)

Tennessee College of Applied Technology-Pulaski, all clinical affiliates, and the Pharmacy Technology program as well as their advisory committee. This includes but is not limited to:

   Criminal Background Check

   9 Panel Drug Screen

   Physical Exam and Immunizations

   Proof of Medical Insurance

   Proof of Citizenship

This information can and will be used as a requirement of eligibility to enter the Pharmacy Technology program and attend clinical rotations at contracted agencies.

_____   _____ _____
         Please Print Name   **Please Sign Name**   **Date**

Tennessee College of Applied Technology Pulaski
Medical History and Physical Examination
Allied Health Programs

This report must be completed by a Physician, Physician's Assistant, or Nurse Practitioner and filed with the school registration requirements. However, you, the applicant may complete the medical history section, then allow your healthcare provider to review the section when performing the physical examination. Physical examination must be within 3 months prior to date of admission.

NAME: _____

MEDICAL HISTORY

1. Have you ever had any of the following? (Please check all that apply)

_____Skin Problems	_____Diabetes	_____Thyroid Disorder	_____Asthma
_____Heart Trouble	_____Kidney Disease	_____Jaundice	_____Hearing Problems
_____Rupture/Hernia	_____Migraines	_____Back Injury	_____High Blood Pressure
_____Cancer	_____Hepatitis	_____Eye/Vision Problems	_____Epilepsy/Seizure Disorder

If you checked any of the above, please explain.

2. Do you have allergies?
(List)_____

3. List any additional illnesses, surgeries, or injuries and give dates.

_____

_____

_____

4. At present are you taking any medications or receiving any medical treatment? If so, please list:

_____

_____
(Please attach additional sheets if needed)

5. Have you had any treatment for drug or alcohol problems? _____ If so, please explain:

_____

_____

6. Have you ever had any emotional problems? _____ If so, list treatment:_____

_____

7. Are there any barriers that may affect your ability to care for and communicate with a patient? If so please explain:_____

_____

_____

8. Do you have any physical limitations that would prevent you from lifting up to 150 pounds, standing or bending? If so, please explain:_____

Applicant Signature_____ Date _____   (Rev. 09/2020)

Physical Examination Form
To be completed by a Physician, Physician's Assistant, or Nurse Practitioner

NAME OF APPLICANT:

_____

BLOOD PRESSURE: _____/_____ PULSE: _____

HEIGHT:_____ WEIGHT: _____

EYES:
_____
(If glasses are needed, they should be obtained before entering the program.)

HEARING:
_____

SKIN:
_____

LUNGS:
_____

HEART:
_____

GI:
_____

GU:
_____

NEUROLOGICAL STATUS:
_____

MUSCULOSKELETAL:
_____

The applicant must be able to bend, stoop, lift, turn, can transfer a 150-pound patient as required by many health care employers. In your medical opinion, would this person be able to perform these duties?

YES_____ NO_____ COMMENTS:_____

Do you consider the applicant mentally and physically suited to undertake a position in nursing?

-----YES_____ NO_____ COMMENTS:_____

Based on your findings, are other tests indicated? _____ If so, please list these tests and their results.
_____

_____

By signing this physical examination form, I verify that:

To the best of my knowledge, this potential student should be able to complete the requirements of class and clinical.

COMMENTS:_____

_____

Healthcare Practitioner's Signature: _____

DATE: _____

Business Address: _____

Telephone: _____

Tennessee College of Applied Technology Pulaski ~~ Immunization Record

NAME: _____

To be completed by the appropriate health care personnel. All immunizations must be up to date according to regulations. Give date of most recent immunization.

Attach any appropriate documentation verifying immunizations and/or titers.

For measles, mumps, and rubella the immunization record must reflect two measles vaccinations since 1979 or proof of immunity to measles unless born prior to 1957.

COVID-19
( ) Vaccine   Date: _____
( ) Previous diagnosis   Date: _____

Measles (Rubella)
( ) Born Before 1957 or   Date: _____
( ) Immunized with MMR twice, or   Date:_____
( ) Positive titer (test that indicates immunity)
                                                          Date: _____

Mumps
( ) Immunized with vaccine, or   Date: _____
**( ) Positive titer (blood test that indicates
immunity)**   Date: _____

Rubella (Measles)
( ) Immunized with vaccine, or   Date: _____
**( ) Positive titer (blood test that indicates
immunity)**   Date: _____

Varicella (Chicken Pox)
**( ) History of the disease verified from a
Healthcare practitioner or**   Date: _____

**( ) Proof of two doses of the Varicella
Vaccine or**   Date: _____

**( ) Positive titer (blood test that indicates
immunity)**   Date: _____

Hepatitis B - Required
( ) Series of 3 immunizations completed, or Date: _____
( ) Process of receiving vaccination   Date: _____
( ) Titer showing immunity after three doses Date: _____
   *Required

Tetanus – *needed every 10 years*   Date: _____

T. B. Skin Test or Chest X-Ray   Date: _____
(*Required Annually***)**   *Date given / Date read and results*

I certify that these immunizations are current and accurate.

Signature of Health Care Personnel _____Date_____

(Rev. 09/2020)

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the reference form be released to the Tennessee College of Applied Technology @ Pulaski's Pharmacy Technology program. I understand, and agree, that this information will be treated as confidential by the instructors and will not be available to anyone other than authorized personnel employed by this school.

APPLICANT'S SIGNATURE:_____

First	Middle or Maiden	Last

I, _____, have applied for entrance into the Pharmacy Technology Program conducted by the Tennessee College of Applied Technology in Pulaski. PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE APPLICANT, *not TCAT PULASKI*

EMPLOYMENT OR PROFESSIONAL REFERENCE
Employer or Business Name_____
Employer Address_____
Position Held_____
Primary Duties _____
Period of Employment: From _____**to**_____
Did applicant need more than normal supervision?_____
Attendance during employment: average_____   **excessive**_____   **none**_____
Reason for leaving?_____
Would you rehire?_____

Please rate with regard to the following:

	Excellent	Good	Average	Fair	Poor
Attitude	_____	____	_____	___	___
Quality of Work	_____	____	_____	___	___
Ability to follow Directions	_____	____	_____	___	___
Acceptance of Supervision	_____	____	_____	___	___
Initiative	_____	____	_____	___	___
Ability to work with others	_____	____	_____	___	___
Attendance	_____	____	_____	___	___
Character/Honesty	_____	____	_____	___	___

Additional Remarks:_____
_____
_____

NAME: (Please print)_____ **Date:**_____
TITLE:_____ **Signature:**_____

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APPLICANT'S SIGNATURE:_____

| First | Middle or Maiden | Last |

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EMPLOYMENT OR PROFESSIONAL REFERENCE
Employer or Business Name_____
Employer Address_____
Position Held_____
Primary Duties _____
Period of Employment: From _____**to**_____
Did applicant need more than normal supervision?_____
Attendance during employment: average_____   **excessive**_____   **none**_____
Reason for leaving?_____
Would you rehire?_____

Please rate with regard to the following:

	Excellent	**Good**	**Average**	**Fair**	**Poor**
Attitude	_____	_____	_____	____	____
Quality of Work	_____	_____	_____	____	____
Ability to follow Directions	_____	_____	_____	____	____
Acceptance of Supervision	_____	_____	_____	____	____
Initiative	_____	_____	_____	____	____
Ability to work with others	_____	_____	_____	____	____
Attendance	_____	_____	_____	____	____
Character/Honesty	_____	_____	_____	____	____

Additional Remarks:_____
_____
_____
NAME: (Please print)_____ **Date:**_____
TITLE:_____ **Signature:**_____

REFERENCE LETTER

TO WHOM IT MAY CONCERN:

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APPLICANT'S SIGNATURE:_____

                              First   Middle or Maiden   Last

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EMPLOYMENT OR PROFESSIONAL REFERENCE
Employer or Business Name_____
Employer Address_____
Position Held_____
Primary Duties _____
Period of Employment: From _____to_____
Did applicant need more than normal supervision?_____
Attendance during employment: average_____   **excessive**_____   **none**_____
Reason for leaving?_____
Would you rehire?_____

Please rate with regard to the following:

	Excellent	**Good**	**Average**	**Fair**	**Poor**
Attitude	_____	_____	_____	____	____
Quality of Work	_____	_____	_____	____	____
Ability to follow Directions	_____	_____	_____	____	____
Acceptance of Supervision	_____	_____	_____	____	____
Initiative	_____	_____	_____	____	____
Ability to work with others	_____	_____	_____	____	____
Attendance	_____	_____	_____	____	____
Character/Honesty	_____	_____	_____	____	____

Additional Remarks:_____
_____
_____
NAME: (Please print)_____ **Date:**_____
TITLE:_____ **Signature:**_____