



**PHARMACY TECHNICIAN
CERTIFICATE OF APPLIED SCIENCE**

TRANSFER INSTITUTION(S):

ADVISING WORKSHEET 2018-2019

Name _____

*Jacket Student Central
Phone: 406-247-3019
Fax: 406-247-3095*

Student ID _____

Before registering for the Pharmacy Technician program, students must demonstrate proficiency in math, writing, and computers. Proficiency must be demonstrated by testing or successfully completing appropriate courses listed under the Related Instruction section of the City College Catalog. Students must successfully demonstrate the prerequisite skills prior to the fall semester start.

Course	Credits	Grade	Semester	Equivalent
Preparatory Courses				

Required Courses

AHMS	144	Medical Terminology	3			
COMX	106	Communicating in a Dynamic Workplace	3			
PHAR	100	Introduction to Pharmacy Practice for Technicians	3			
PHAR	101	Pharmacy Calculations	3			
PHAR	102	Pharmacology for Technicians	6			
PHAR	104	Pharmacy Dispensing Lab	3			
PHAR	120	Medication Safety	3			
PHAR	121	Preparation for the PTCB Exam	1			
PHAR	198	Internship: Pharmacy	8			

Total Minimum Credits Required... 33

A grade of "C" (2.0) or higher is required in all PHAR fall semester courses to proceed to the spring semester

For all other required courses, the minimum grade is a "C" (2.0)

Any of the required courses can be taken a maximum of two (2) times to be eligible to earn the Pharmacy Technician CAS

First Semester

AHMS 144.....3
PHAR 100.....3
PHAR 101.....3
PHAR 102.....6
PHAR 104.....3
Total.....18

Second Semester

COMX 106.....3
PHAR 120.....3
PHAR 121.....1
PHAR 198.....8
Total.....15

Transcript evaluation (if applicable completed) by: _____

on / / _____

Program Specific Information

Students should know the following information:

- The Pharmacy Technician program is a fall start only.
- The Pharmacy Technician program is a partnership between City College at MSU Billings and Missoula College at the University of Montana. The program includes online lectures through Missoula College, on-site lab work at City College, and experiential learning in local pharmacies.
- 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. Background checks are required prior to internships. 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 Pharmacy Technician Certification Board (www.ptcb.org) and the Montana State Board of Pharmacy (http://bsd.dli.mt.gov/license/bsd_boards/pha_board/board_page.asp) if this is a potential problem.
- Once in the PHARM courses, students are expected to register with the state of Montana as Pharmacy Technicians in Training. Note that requirements for registration as a Pharmacy Technician in Training can be found on the application form on the Montana State Board of Pharmacy website: http://bsd.dli.mt.gov/license/bsd_boards/pha_board/pdf/pha_tech.pdf.
- Upon successful completion of all required coursework, students will earn the Pharmacy Technician Certificate of Applied Science through City College at MSU Billings.
- Upon graduation from Pharmacy Technician, students will be prepared to take a national certification exam to be eligible to work as a Certified Pharmacy Technician.
- To facilitate course planning and scheduling, students should be aware that not all courses are offered every semester. Some courses require pre-requisites and preparatory courses to be successfully completed or co-requisites be taken simultaneously. Please work with an Academic Advisor closely on the plan of study.



2018-2019 Pharmacy Technician CAS

Plan of Study

Name _____

Student I.D. _____

Semester _____

Semester _____

Course	Credits	Course	Credits
Total		Total	

Fall _____

Spring _____

Course	Credits	Course	Credits
AHMS 144	3	COMX 106	3
PHAR 100	3	PHAR 120	3
PHAR 101	3	PHAR 121	1
PHAR 102	6	PHAR 198	8
PHAR 104	3		
Total		Total	

Number of earned credits that apply toward certificate: _____

Number of credits left to earn for certificate: _____

The courses listed are required for the student's certificate.

Advisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____