



# **Pharmacy Technician Program**

## **Information and Application Trinity River Campus East**

**Application Deadline: July 8, 2024**

**Email Application and Supporting Documents to:  
[TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu)**

**PROGRAM DESCRIPTION:**

Students will study the fundamentals of community pharmacy technician principles and procedures with courses delivered in a blended format combining online and face-to-face lectures. After successfully completing the program, students may register for the Pharmacy Technician Certification (CPhT) exam recognized by the [Texas State Board of Pharmacy \(TSBP\)](#).

The Pharmacy Technician program is accredited and recognized by the [Pharmacy Technician Certification Board \(PTCB\)](#). Additionally, this program is identified as an Occupational Skills Award (OSA), preparing students for gainful employment, and enhancing their marketability to potential employers.

**Licensing Notice: Texas House Bill 1508**

This program prepares students for an occupational license. However, students may not be eligible for licensing if they have a prior criminal history. For more details, see [Texas House Bill 1508 Licensing Requirements](#).

**PROGRAM COURSES AND TUITION/FEEES:**

*(Tuition/Fees are subject to change. Payment is due at time of registration.)*

PHRA 1001	Introduction Pharmacy Technician	(48 hours   4.8 CEUs)	\$250
PHRA 1005	Drug Classification	(48 hours   4.8 CEUs)	\$250
PHRA 1009	Pharmacy Mathematics	(48 hours   4.8 CEUs)	\$250
PHRA 1004	Pharmacotherapy & Disease	(48 hours   4.8 CEUs)	\$250
PHRA 1002	Pharmacy Law	(24 hours   2.4 CEUs)	\$140
PHRA 1043	Pharmacy Technician Certification Review	(16 hours   1.6 CEUs)	\$115

**TEXTBOOK:**

**TITLE:** *The Pharmacy Technician, 7<sup>th</sup> Edition*

**PRINT ISBN:** 978-1640431386 | **eBOOK ISBN:** 978-1640432185

**AUTHOR:** Perspective Press | **PUBLISHER:** Morton Publishing Company

**ENDORSED BY:** [American Pharmacists Association \(APhA\)](#)

*(Contact Trinity River Campus Bookstore, 817-515-1050 | Building TRTR, Room 2301)*

**CERTIFICATION:**

After successfully completing the program, students may register and directly pay for the Certified Pharmacy Technician (CPhT) exam through their preferred certification organization:

- [Pharmacy Technician Certification Board \(PTCB\)](#)
- [National Healthcareer Association \(NHA\)](#)
- PTCB vs. NHA Certification – What is the Difference? See [PharmTechs.org](#)  
*Both certifications are recognized by the [Texas State Board of Pharmacy \(TSBP\)](#)*

**\*\*\* KEEP THIS PAGE FOR YOUR RECORDS \*\*\***

**COURSES, TEXTBOOK, AND TUITION/FEEES INFORMATION PROVIDED ABOVE**

### APPLICATION PROCESS:

1. Review the online “Pharmacy Technician Information Session”.
2. Complete and Print your “Information Session Exit Ticket” form.
3. Collect the required supporting documents.
  - Documents ***must*** be included when submitting your application to be considered for the Pharmacy Technician program.
  - Refer to supporting documents section below.
4. Complete the Pharmacy Technician application.
5. Email your application ***and*** supporting documents to [TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu).
6. Successfully complete/pass the TSI/TABE test or provide an official/unofficial college transcript for exemption review and approval. *Testing is mandatory if applicant has not attended a United States (U.S.) higher education institution.* For questions regarding testing status, email [TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu).

### DOCUMENTS REQUIRED FOR SUBMISSION:

- A. Information Session Exit Ticket
- B. High school diploma\* or GED
- C. Test scores – if applicable
- D. College transcript\* with grades “C” or higher to receive the TSI/TABE exemption.

\*International high school diploma or college transcript must be evaluated for U.S. equivalency. Contact:

[International Academic Credential Evaluators, Inc. \(IACEI\)](#)

Denton, TX | 940-383-7498

*(All correspondence takes place via phone, email, or mail)*

### ACCEPTANCE:

- Applicant receives a letter of acceptance from the program coordinator.
- Candidate receives a second email from program coordinator notifying candidate they are ready to enroll and lists the two courses.

### REGISTRATION AND PAYMENT:

- Candidate registers for two courses each time. ***Registration is first-come, first-served.***
- Student pays for both courses ***in full at time of enrollment***. Failure to complete payment will result in being dropped from both courses.
  - **NOTE:** If student selects Payment Plan option, student must report to the Business Services Office in-person to set up plan on the same day of enrollment.

### COMMUNICATION:

- Students accepted into program will receive **ALL** communication via their TCC email address (my.tccd.edu). For assistance to activate your TCCD email, view steps on [Tech Support](#) webpage or call 817-515-8324. Support is available 24/7.

### ORIENTATION:

- Students attend a mandatory orientation session in-person the first week of class. They will meet their instructor, receive course information, and an opportunity to ask questions about the program.



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## PHARMACY TECHNICIAN PROGRAM APPLICATION

### Trinity River Campus East

TODAY'S DATE:	
TARRANT COUNTY COLLEGE STUDENT ID:	
NAME (Last, First, Middle Initial):	
ADDRESS (Include zip code):	
PHONE NUMBER(S):	
EMAIL ADDRESS:	
AGE:	
GENDER:	

For questions and/or additional information regarding your application and/or testing status,  
please email [TR.HealthCareAdvising@tccd.edu](mailto:TR.HealthCareAdvising@tccd.edu).

***Application acceptance does not guarantee program entrance.***

**Ethnicity/Race:** ☐ American Indian/Alaskan Native ☐ White  
☐ Asian ☐ International  
☐ Black/African American ☐ Multi  
☐ Hawaiian/Pacific Islander ☐ Race Unknown  
☐ Hispanic/Latino

**Education:** ☐ High school diploma/GED/High School Equivalent  
(Check all that apply) ☐ Associates  
☐ Bachelors  
☐ Masters  
☐ Doctorate

**Currently Employed:** ☐ Yes ☐ No

**Employer Name:** \_\_\_\_\_

I hereby certify that the information contained in this application is complete and true to the best of my knowledge. I understand

- by signing the application, I am responsible for submitting ALL documents required to be considered for the program.
- the Health Sciences Division faculty and staff will read the information contained in this application.
- that any misrepresentation or falsification of information is cause for denial of admission into the program or dismissal from the program.

I read and understand the licensing notice regarding **Texas House Bill 1508**. I understand the Pharmacy Technician Program prepares me for an occupational license, however I may not be eligible for licensing based upon the **Texas House Bill 1508**.

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**Print Name of Applicant**

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**Signature of Applicant**

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**Date**