

XL CAREER SCHOOL, INC.
PHARMACY TECHNICIAN TRAINING PROGRAM
Application Packet



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XL Career School, Inc.
8609 2nd Avenue
Silver Spring, MD 20910

Directions for Completing the Application Packet

- 1) Read all program booklet materials thoroughly to ensure that you qualify for the program.
- 2) **Make copies of all forms!** That way, if you make a mistake, you have not ruined your forms.
- 3) *For the application form:* Be sure to complete all forms and pages. A completed application includes:
 - a. The Enrollment Agreement
 - b. The Self-efficacy Survey
 - c. The Background and Demographic Survey
 - d. The Enrollment Agreement HIPPA Policy
 - e. The Policy of Professional Conduct
- 4) You may send your application online to dobivaccines@hotmail.com or yeneb@yahoo.com

A non-refundable application fee of \$80 and tuition for the program in the amount of \$1,660 must accompany the completed application and be paid before the first day of class. Books, uniform, drug/background test, and materials for the program are included in the fees and tuition costs.

For general questions regarding the application process, about this program or its curriculum call 508577-0756 or send email dobivaccines@hotmail.com – Dr. Anton Dormer, 508 577-0590 or yeneb@yahoo.com Dr. Yonnette Semple-Dormer.

XL Career School Enrollment Agreement

8609 2nd Avenue, 505B
Silver Spring, MD 20910

508 577 0590

XLcareerschool@weebly.com

Name of Student: _____

Address: _____

City, State, Zip: _____

Telephone #s: H: _____ W: _____ C: _____

Email: _____

Social Security #: _____

Program Name and Clock Hours _____

Training State Date: _____ Training End Date: _____

Days/Evenings Class Meets: (check the appropriate box) M & W T & Th Sun

Time Day/Evening Class Begins: _____ Time Day/Evening Class Ends: _____

Total Number of Instruction Per Day: _____

Total Number of Instruction Per Week: _____

Total Number of weeks of Program Instruction: _____

Upon successful completion of the program, I will receive a certificate/diploma.

Successful completion of the Pharmacy Technician Program requires –

1. Students are required to achieve a passing grade in theory, laboratory, and clinical before they can take the Maryland State competency exam for pharmacy technicians
2. Competence in ALL mandated skills (with a maximum of 3 attempts) must be achieved in order for students to pass the course. For more details on mandated skills see the section on list of skills and guidelines in this catalog.
3. NO make-up exams appointments will be given for the final exam

4. Students are required to achieve a cumulative score of 78% or higher on Exam 6 and the Final Exam in order to pass the course.
5. Students must fulfill all financial obligations with the school in order to complete the program.

Students not meeting minimum cumulative scores may be asked to withdraw from the program based on the withdrawal policy of XLCS and as stated in the catalog.

GRADING SCALE

90-100%	A
89-76%	B
75-74%	C
74-70%	D
69% and BelowF

Students must fulfill all financial obligations with the school in order to complete the program, receive the program certificate, and an official transcript.

XL Career School acknowledges that job placement and job salaries cannot be guaranteed.

XL CAREER SCHOOL PROGRAM COST

The cost of the Pharmacy Technician Program is:

Application Fee:	\$ 80.00
Tuition:	1,000.00
Books, Supplies, Materials:	500.00
Drug and Background Screening.....	. 40.00
Uniform	40.00
TOTAL:	\$1,660.00
Administrative Fees (Payment Plan).....	150.00
TOTAL	\$1,730.00

Payment Schedule: The application fee is due: At the time of registration

Tuition is payable: Before the start of the first class

Payment Plan: Students may pay tuition in two installments
50% before the first class and 50% at mid-term

Payment for books, supplies: Before the start of the first class

Any holder of this Enrollment Agreement is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.

Refund Policy:

1. All monies paid by the student will be fully refunded if the student chooses not to enroll in or to withdraw from the school within seven calendar days after having signed the enrollment contract.
2. If the student chooses not to enroll after the seven-day cancellation period, but before the first day of instruction, the application fee will be retained by the school
3. If, after the seven-day cancellation period expires, a student withdraws or is terminated after the instruction begins, refunds will be made based on the total contract price for the course or program and will include all fees, except the application, application fee and any charges for the materials, supplies, or books which have been purchased by, and are the property of the student. The minimum refund that the school will pay a student who withdraws or is terminated after 7-day cancellation period has expired and after instruction has begun, is as follows:

Proportion of Total Program Taught by Date of Withdrawal	Tuition Refund
Less than 10%	90%
10% up to but not including 20%	80%
20% up to but not including 30%	60%
30% up to but not including 40%	40%
40% up to 50%	20%
More than 50%	No Refund

4. If the school closes or discontinues a course or program, the school will refund to each currently enrolled student all monies paid by the student for tuition and fees and all monies for which the student is liable for tuition and fees.
5. Students are requested, but not required, to notify the Director or designated school official if they are withdrawing from the school.
6. The date of withdrawal or termination is the last date of attendance by the student. Refunds are based on the student's last date of attend
7. All refunds due will be paid within 60days of the student's last date of attendance.

8. In the case of an official leave of absence, if a student fails to return to training by the end of the leave of absence, a refund due a student will be based on the date, a refund due a student will be based on the date of withdrawal or termination and paid within 60 days of the scheduled last day of the leave of absence.
9. Books purchased are the property of the student and are not refundable, except within the seven-day cancellation period.
 - I have received an exact copy of this enrollment contract.
 - I have received a copy of the School's current catalog.
 - I have been advised to keep this document as well as copies of all financial documents.

Signature of Applicant _____ Date _____

Signature of Parent, if applicant is a minor _____ Date _____

Signature of XL Career School Official _____ Date _____

In order to be binding, this contract must be signed by the applicant, guardian if applicable, and school official.

The enrollment contract may be extended or modified only with the written consent of both the student and the school.

XL Career School Self-efficacy Survey

8609 2nd Avenue, 505B, Silver Spring, MD 20910 508 577 0590; XLcareerschool@weebly.com

The purpose of this survey is to better understand you as a perspective student and help us determine admission into the pharmacy technician program. A number of statements about organization (knowledge-federal, state and pharmacy regulation), people (interpersonal skills), and pharmacy technician services are presented below. There are no correct or incorrect answers to the questions. We are interested only in your frank opinions.

INSTRUCTIONS: Please indicate your personal opinion about each statement by circling the appropriate response at the right of each statement.

KEY: 1 = Strongly Agree	2 = Moderately Agree
3 = Agree slightly more than disagree	4 = Disagree slightly more than agree
5 = Moderately Disagree	6 = Strongly Disagree

The extent to which a patient understands medication uses, doses, and their side effects is primarily related to the pharmacist	1 2 3 4 5 6
If patients do not understand how to use the medication at the pharmacy, they are not likely to use it correctly at home	1 2 3 4 5 6
When I really try, I can help any patient with concerns.	1 2 3 4 5 6
A pharmacy technician is very limited in what he/she can achieve because a patient's pharmacist has a greater influence on his/her achievement	1 2 3 4 5 6
If pharmacists would implement my recommendations, I could do more for patients.	1 2 3 4 5 6
If a patient is negative and argumentative, I would know how to interact with him/her to help them understand their medication needs	1 2 3 4 5 6
I feel assured that I can learn 200 medication and their uses for a variety of diseases	1 2 3 4 5 6
If one of my patients did not understand his/her medication regiment, I would be able to accurately assess whether my explanation was communicated effectively	1 2 3 4 5 6
A pharmacy technician's job success is entirely dependent on the pharmacist	1 2 3 4 5 6
If I am having a difficult time during the lecture or externship, I know exactly what to do to change things	1 2 3 4 5 6

XL Career School Background & Demographic Survey

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Please complete the background and demographic questions below. Check only one answer.

1. Please indicate your gender:

Male

Female

2. Please indicate your race:

White

Black/African American

Hispanic

Native American

Asian/Pacific Islander

Other

3. Please indicate your position:

High School Graduate

High School Senior

Unlicensed Pharmacy Technician

Other

4. In what County of Maryland do you live?

Montgomery County

Prince George's County

Howard County

Anne Arundel County

District of Columbia

5. Are you currently employed?

Yes Full Time – 5 days a week

Yes Part Time – less than 5 days a week

No

6. Do you have easy access to a computer?

Yes

No

6. Could you find a website if given the website address? (For example:
<http://www.xlcareerschoo.com>)

Yes

No

8. What is your email address? _____

XL Career School Enrollment Agreement HIPAA Policies

Pharmacy Technician Program

I, _____ understand and pledge to comply with the policies set forth by HIPAA law and acknowledge that any breach of the law will result in disciplinary action up to and or termination from the program.

_____ Initial

By signing below, I am indicating that I have read XL Career School Pharmacy Technician Program Catalog and that I will comply with all policies and procedures of the catalog including the other documents indicated in this document.

_____ Initial

Print Name:

Complete Signature:

What You need to know to become a Pharmacy Technician in the State of Maryland

After completing the program, the next step in becoming a pharmacy technician in the state of Maryland requires that you know the regulations and requirements. Please read the regulations and requirements below and be familiar with them.

Are Pharmacy Technicians Regulated In Maryland?

Yes they are regulated.

Does Maryland Require Certification To Practice As A Pharmacy Technician?

No, but if you are not certified you are going to have to go through a 160 hours of training, which has to be in a board approved program.

Which Of the Certification Exams Are Approved By Maryland?

1. The ICPT (ExCPT) - [Pharmacy Technician Certification | ExCPT Certification Exam | NHA](#) www.nhanow.com/pharmacy-technician.aspx
2. The PTCB (PTCE) - [PTCB Certification Exam - NPTA](#) www.pharmacytechnician.org/ptcb/

What Are the Registration Dates?

Those pharmacy students that have proof that they are enrolled in a board approved training program can hold off on registration until they graduate from the program, everyone else has to register immediately.

Is A License Required?

Yes it is required.

The Maryland State Board of Pharmacy Information

<http://www.dhmf.state.md.us/pharmacyboard>

Office: 201 West Preston Street

Baltimore, MD 21201

Telephone: 410-767-6500 or toll-free 877-463-3464 Fax: 410-358-6207

Are There Any Professional Associations?

The Maryland Pharmacists Association is the professional association, www.marylandpharmacist.org.

What Are the Requirements To Become Licensed?

- You must be at least 17 years of age.
- Obtain your high school diploma, or have the equivalent, or you can be a student still in high school as long as you are within good standing.
- Send a written application to the Maryland State Board of Pharmacy, to request to be registered as a pharmacy technician. The application can be found at <http://dhmh.maryland.gov/pharmacy/SitePages/license.aspx>.
- Include a nonrefundable application fee of \$45.
- A criminal background check is also required, and it will cost you \$38, which is paid right to the Criminal Justice Information Center.
- If you are certified, you will need to show proof of certification in the application.
- If you are not certified, you will need to provide proof that you have completed a training program that is board approved and passed the exam that is board approved as well.

What about Continuing Education Requirements?

Yes there will be ten hours that you will have to complete within your first two years in the pharmacy, and then 20 hours after, both of which need to be board approved.

When Is Renewal Required?

The licenses held by pharmacy technicians expire on the last day of their birth month, 1 year after their first registration, and after that may be renewed for a period not to last any longer than 2 years. The fee for renewal is \$45.

What If I Move or I change Jobs?

Let the board know of the changes.

Here Are A Few More Tips:

- Pharmacy technicians in the state of Maryland are not allowed to administer flu shots.
- Technicians in the pharmacy are only allowed to complete those tasks that don't require professional judgment.
- The licensed pharmacist in charge of the pharmacy technicians is responsible for their actions as well as their own. [rg/pharmacy-technician-maryland.htm](http://www.marylandpharmacist.org/pharmacy-technician-maryland.htm)

XL Career School Policy of Professional Conduct

ACKNOWLEDGEMENT OF RECEIPT OF POLICY FOR PROFESSIONAL CONDUCT

I, _____ acknowledge that I have received the XLCS Policy for Professional Conduct and have read and understood the policy. I agree to be governed by the Policy for Professional Conduct and accept that I may be suspended or dismissed from the program if I fail to abide by the policy. I understand that if for any reason I am dismissed from the program due to violation of the policy, I am not entitled to any refund of tuition, books, equipment, or supplies from XLCS.

Student Signature

Date

XL CAREER SCHOOL

8120 Carroll Avenue, Takoma Park, MD 20912

508 577 0590

Pharmacy Technician Externship Skills Checklist

Please use the Rating Scale below to rate student's performance:

E – Excels; M – Meets Expectation; NI – Needs Improvement; U – Unsatisfactory

Technician Role - Skill Evaluated	Date Achieved	PIC Initials
Efficiently and accurately collects relevant patient information from the patient profile for use by the pharmacist		
Locates specific information from the patient's profile		
Collects relevant patient information from patient or caregiver		
Collects relevant patient information from healthcare providers		
Able to communicate logically		
Listens well in all aspects of the job		
Is proficient in the use of computer software		
Is proficient in the use of computer for email, the internet, and medical information databases		
Purchases drugs and supplies following established procedures		
Knows and uses proper storage practices for pharmaceutical items		
Knows and uses correct procedure for returning expired, damaged, or recalled merchandise		
Knows how to inventory and maintain record for controlled substances		
Able to create a profile for a new patient		
Knows how to perform drop-off data entry		
Prepares medication accurately		
Observes state and federal law relating to pharmacy		
Knows how to compound a product that is non-sterile that does not require use of a laminar hood		
Knows how to reconstitute a medication into a suspension		
Establish patient eligibility and co-pay		
Knows the distribution of medication and controlled substances policies		
Knows the limitations of the pharmacy technician in patient		

consultation		
Handles 3 rd party claims that are rejected		
Handles patient medication questions within the scope of role and defers to pharmacist appropriately		
Other Skills Evaluated		
Professional Conduct		
Takes Initiative		
Builds Experience		
Builds Relationship with customer/patient		
Teamwork/leadership		
Communication Skills		
Recommended	Yes <input type="checkbox"/> With Reservation <input type="checkbox"/> No <input type="checkbox"/>	

Total Hours of Rotation _____

Preceptor's Signature _____ **Date** _____

Student's Signature _____ **Date** _____

To be completed by the supervising pharmacist

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