



ALAMO  
COLLEGES

NORTHWEST VISTA COLLEGE

Application for admission to:

## PHARMACY TECHNICIAN PROGRAM

*Northwest Vista College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.*

Application Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City State Zip

Primary Phone: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_

Banner ID: \_\_\_\_\_

E-mail: \_\_\_\_\_

I am applying for the following semester (circle one) **Fall/ Spring/ First Available** and year: \_\_\_\_\_

**The application deadlines are as follows:**

October 15<sup>th</sup> for entry in the spring semester

April 15<sup>th</sup> for entry in the fall semester

**DEADLINE EXTENDED UNTIL JUNE 30, 2020** (due to COVID-19)

***Return this application by mail or in person to:***

Pharmacy Technician Program Coordinator/Workforce Education

Northwest Vista College

3535 N. Ellison Dr.

MLH 201

San Antonio, TX 78251

**Important:** Documents mailed separately may not be considered and may result in a declined application.



## APPLICATION CHECKLIST

(must be included with the application packet)

- 1. Completed *Apply Texas* application for admission to Northwest Vista College
- 2. Completed NVC assessment tests, submitted assessment scores from another institution or are exempt. (See <http://www.alamo.edu/nvc/admissions/> for details.)
- 3. Completed Pharmacy Technician Application form  
Fill out the entire form legibly and completely, including signature and date.
- 4. Admissions essay  
A one-page, double-spaced, typed essay stating reasons for pursuing the program of interest is required.
- 5. Signed STATEMENT OF UNDERSTANDING  
This document is included with the application.
- 6. Signed HIPAA CONFIDENTIALITY AGREEMENT  
This document is included with the application.
- 7. Signed CONSENT FOR DRUG SCREENING  
This document is included with the application.
- 8. Completed BACKGROUND CHECK AND DRUG TEST  
Schedule these tests via <https://www.castlebranch.com> , school code: OT35. Results will be sent directly to NVC.
- 9. Written documentation for the following VACCINATIONS:**
  - Varicella (Chicken Pox) immunity, check one of the following:
    - Physician documented history of disease
    - Documentation of two immunizations
    - Serum titer confirming immunity
  - Hepatitis B immunity, check one of the following:
    - Completion of the first two vaccinations of the series (the third vaccination in the series must be completed by the end of the first semester)
    - Serum titer confirming immunity
  - Measles Vaccinations, check one of the following:
    - Documentation of at least one immunization (may be part of MMR series)
    - Serum titer confirming immunity
  - Mumps Vaccinations, check one of the following:
    - Documentation of at least one immunization (may be part of MMR series)
    - Serum titer confirming immunity
  - Rubella Vaccination, check one of the following:
    - Documentation of at least one immunization (may be part of MMR series)
    - Serum titer confirming immunity
  - Tetanus-Diphtheria-Pertussis vaccination or TD booster within the last 10 years.
  - Influenza vaccination within the last year



### *Statement of Understanding*

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1. \_\_\_ I have read and agree to, and will comply with the student policies as outlined in the Student Handbook. Furthermore, I will agree to and will comply with the course requirements as listed in the Syllabus and Student Policies of (program).
2. \_\_\_ I understand that while performing my regularly assigned duties, I may be exposed to blood, body fluids, or tissues. I will use the appropriate personal protective equipment required when there is an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them. Appropriate protection may include the use of gloves, gowns, masks, face shields, eye protection, mouthpieces, resuscitation bags, and other protective equipment. I understand that if I fail to use available personal protective equipment, I may be subject to disciplinary action.
3. \_\_\_ I have been informed regarding the inherent health/safety hazards in the health care field and release Alamo Colleges from any liability for such hazards.
4. \_\_\_ I agree to criminal background checks and agree to immediately notify the Pharmacy Technician Program Coordinator in writing of any subsequent changes in criminal history that occur after the admission background check has been completed.
5. \_\_\_ I will complete all clinical educational training modules and submit signed documentation to the Program as required.
6. \_\_\_ I understand that a criminal background check will be required, at my expense, prior to admission to the Pharmacy Technician program. I also understand that some past criminal offenses may prevent my registration with the Texas State Board of Pharmacy.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the Pharmacy Technician Program. I understand that the information contained in this application will be read by the admissions committee of the Northwest Vista College Pharmacy Technician program.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## *HIPAA Confidentiality Agreement*

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The Health Insurance Portability Accountability Act (HIPAA) requires that all protected health information be kept private and secure by all persons that handle, or have access to that information. As a condition of my clinical experience, I agree NOT to divulge to unauthorized persons, any confidential information obtained from observations, conversations, correspondence, personal records, clinical materials, and/or any other sources. I will not publish or otherwise make public any confidential information such that the person involved will be identifiable or harmed, except as I may be legally required to do so.

I understand that any violation of this confidentiality agreement is very serious and may warrant disciplinary action.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



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## PHARMACY TECHNICIAN PROGRAM

### *Consent for Drug Screening*

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The well-being of patients and clients cared for by our students is of primary concern in all Pharmacy Technician programs and a carefully designed and administered drug and alcohol misuse procedure can reduce accidents. Therefore, the Pharmacy Technician Department has adopted a substance abuse testing program wherein a student who is participating in clinical classes will be tested for drugs when there is reasonable suspicion that the student is under the influence of alcohol and/or illegal drugs, i.e. drugs which are controlled substances under federal law which are not being used under the supervision of a licensed health care professional, or otherwise in accordance with the law.

I recognize that the use and abuse of alcohol, drugs or substances can create an unsafe clinical working environment for myself and others.

I agree to provide a blood, urine and/or breath sample to the drug testing laboratory designated by Northwest Vista College. I also permit the testing laboratory to release the results of the drug screening test to designated Northwest Vista College authorities.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



## FAQs

### *General Information*

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**Where can I find the student handbook?**

<http://www.alamo.edu/main.aspx?id=10723>

**Where can I find general information about the program, such as course descriptions?**

<http://www.alamo.edu/main.aspx?id=10723>

### *Background Check and Drug Screen*

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**Is the fee for the background check and drug screen included in my tuition and fees?**

No, this expense is the responsibility of each student who is applying to the program.

**How much does the background check and drug screen cost?**

The cost is \$80 (as of November 2012). Changes to this fee are determined by the third-party provider, Certified Background, Inc., not NVC.

**I have a copy of my background check and drug screen done by my employer. Can I submit that copy instead?**

No. Since this information is necessary to determine eligibility to become registered with the Texas State Board of Pharmacy, it must come directly from Certified Background to the school. Results submitted by a student will not be considered.

**How long will it take for me to receive my results?**

Results of both documents will be made available directly to NVC in approximately 3-5 days following payment and submission of your urine sample.

**The application deadline is less than 3-5 days away which means my results won't be ready in time.**

**Will my application be disqualified?**

No, as long as you have paid for the background check/drug test and have submitted your urine sample for analysis by the deadline.

**I have some minor criminal charges that will show up on my background check. Am I automatically prevented from pursuing a career as a pharmacy technician?**

No necessarily. Please visit the following link to read the information regarding criminal history on the Texas State Board of Pharmacy website to determine whether your criminal history will exclude you from this profession. <http://www.tsbp.state.tx.us/criminalhistory.htm>



### *Immunizations*

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**I never get the flu shot and I don't want to get it now. Can I be exempt?**

The general answer is no, although state law does provide for exemptions. You may be exempt if you have an established allergy to eggs or have a religious objection. In those cases, you must provide documentation of the allergy from your doctor or the basis for your religious objection from your church leader. The documentation must be on letterhead.

**Do I need to get all of the vaccines on the application?**

Yes, although most of the vaccines listed are typically given in childhood so you will need to find your immunization records. The Hepatitis B and influenza vaccines will probably be the only new vaccines you'll need.

**How will I know if I've had the vaccines?**

They will be listed on your immunization records.

**What if I don't have my immunization records?**

- Ask your parents for a copy.
- Contact your high school and ask for a copy.
- If you cannot find your vaccination records, you can also go to the doctor and he will be able to check your blood to confirm that you had the vaccines when you were a kid (be sure to take the vaccinations listed on the application with you). If you have to have the blood tests, ask to have a copy of the results sent to you to include in the application.

**Do I have to have a doctor's appointment to receive a vaccine?**

You may need an appointment to have your blood checked if you cannot find your records but you do not need to see a doctor to receive a vaccine.

**I don't regularly see a doctor, so where can I go to get necessary vaccines?**

A listing of immunization offices in Bexar County can be found at <http://www.sanantonio.gov/health/Immunizations-Clinics.html>