

Pharmacy Technician Course Fees

Tuition: \$2500.00 (includes required, non-refundable \$30.00 background check)

Books: \$108.00

Other Requirements:

Physical fee: \$10.00 (if provided by Tri-State Nursing)
 TB fee: \$10.00 (if provided by Tri-State Nursing)
 2 sets of scrubs: Not provided
 Shoes: Not provided
 (Mostly white tennis shoes or nursing shoes)

Total Costs: \$2628.00 (includes physical, TB, and book fee)

Payment required in full at the time of the registration. No refunds will be made if a student has attended one class. Class size restricted to minimum of 3 students.

* If you are unable to finish the course, you must provide a documented, legitimate reason and will be charged an additional fee to retake the missed portion of the class.

Federal ID Number: 20-0346348

Recommended Prerequisite: Medical Terminology
 Human Anatomy

Course Description:

This course is a 6 week program that will prepare participants to enter the pharmacy field. The course content included medical terminology specific to pharmacy, reading and interpreting prescriptions, and defining drugs by generic and brand names. Participants will learn dosage calculations, IV flow rates, drug compounding, dose conversions, dispensing of prescriptions, inventory control, and billing and reimbursements.

Once a student has completed this course, they will be able to take the Pharmacy Technician Certification Board's (OTCB) exam.

1-800-727-1912

3100 S. Lakeport St Sioux City, IA 51106 712-277-4442	7701 Pacific St Suite 122 Omaha, NE 68114 402-502-1610	3800 W. Technology Cir Suite 201 Sioux Falls, SD 57106 605-221-0850	215 9 th Ave SE Watertown, SD 57201 605-753-7530	205 Flindt Dr Suite 1 Storm Lake, IA 50588 712-213-3500	107 E. Southridge Rd Suite B Marshalltown, IA 50158 641-352-4710
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Pharmacy Technician Course Registration

Name _____ SSN# _____

Phone _____ Birth date (16 & over) _____

Address _____
Street

City State Zip

Emergency contact (name) _____ Ph. # _____

School attended _____ Year graduated _____ Diploma _____ GED _____

Please accept my enrollment in the class which begins _____

I prefer: Morning class Afternoon/Evening class

Payment Method: Private Pay Promise Jobs Other Facility (name) _____

Tuition and Other Expenses:

Cost for the program is \$2628.00. This includes: tuition, books, and required background check. A physical and TB test are also required and can be provided by Tri State Nursing for \$10.00 each. The total amount is due at the time of registration.

NOTE: Tuition paid by the applicant will be refunded (with the exception of the \$30.00 required background check fee) if requested within 3 days of signing the enrollment agreement and initial payment, provided the student gives Tri-State Nursing written notice of cancellation within this 3 day period. No refunds will be made if the student has attended 1 class.

If you are unable to finish the course, you must provide a documented legitimate reason, and will be charged an additional fee to retake any missed portion of the class.

NOTE: No nurse aide who is employed by or who has received an offer of employment from a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program. This includes any textbook fees, other required evaluations or course materials.

Signature of applicant _____ Date _____

Program Coordinator initials _____

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