



PHARMACY TECHNICIAN EXTERNSHIP BOOKLET

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Externship Booklet

This Externship Booklet includes important guidelines and documents for students to successfully complete their externship. Students are required to submit their completed Externship Booklet to student services. For more information, refer to the Student Handbook.

Students need to complete the information below:

Student Name:	
Address:	
Phone:	
School/Program Attended:	

Externship Site Name:	
Address:	
Phone:	
Preceptor Name:	
Externship Start Date:	
Externship End Date:	

Students will be required to attend externship sites during the hours assigned, which are full or part time and vary from the program schedule. If the student declines a scheduled externship and/or the externship coordinator is unable to contact the student, or the student may be dropped from the externship site for any reason, the student will be dropped from the program and will not be eligible for a certificate or refund of any kind.

100% attendance is required at externship. Students must notify their externship site and their externship coordinator if they have an emergency and have to miss a day. If a student does not call and does not show up, they are automatically dropped from the program.

COMPLETION CHECKLIST - Complete and check off each box before sending in your externship booklet.

- At least 200 hours of externship
- Externship Sign-in Log
- Student Externship Evaluation - Completed by pharmacy supervisor
- Evaluation of Clinical Setting – Completed by student
- Scan and email a pdf of your externship booklet to externships@woli.edu fax it to 952-465-3703.

Keep a copy of your externship booklet for your records.

EXTERNSHIP BOOKLET DEADLINE

Students are required to turn in a completed Externship Booklet within 14 days of the last day of externship. **Students who do not turn in their Externship Booklet within 14 days of the last day of externship may be dropped from the program and will not be issued a certificate or be eligible for a refund.**

A NOTE TO THE PRECEPTOR

Thank you for hosting our (CPhT) - PTCB training student. We appreciate your contribution to the success of our students. Please contact Washington Online Learning Institute at (952)465-3702 immediately if you have any questions or concerns. This booklet contains all of the paperwork required for the student to complete the program.

Here is a list of what we ask of you:

- **Student's Schedule:** Verify student's externship schedule.
- **Externship Sign-In Log:** Sign off on the dates and hours the student has completed on a daily basis.
- **Student Evaluation Form:** To be completed by preceptor at the end of the externship.

It is the student's responsibility to provide a copy of the externship booklet to WOLI.

Thank you again for your participation.

Health Care Portability and Accountability Act (HIPAA) Form

Dear Student,

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the program. The discussion, transmission, or narration in any form by students of any patient information obtained in the regular course of the program is forbidden except as permitted by law. Please review and sign this Health Insurance Portability and Accountability Act (HIPAA) form.

HIPAA STATEMENT

Notification of privacy practices in accordance with the Health Insurance Portability and Accountability Act (HIPAA) are available at <https://www.cdc.gov/php/publications/topic/hipaa.html>. It is your responsibility as a student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position in the allied healthcare field.

Please review the HIPAA notification thoroughly and keep it with your Externship Booklet.

I have read and understand the HIPAA regulations. (Please Print and Sign Your Name)

Print Name

Signature

Date

Externship Sign-in Form

Student Name: _____

	DATE	LOCATION	HOURS SPENT	PRECEPTOR'S INITIALS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
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22.				
23.				
24.				
25.				

Externship Sign in Form Continued

Student Name: _____

	DATE	LOCATION	HOURS SPENT	PRECEPTOR'S INITIALS
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
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49.				
50.				

Attach additional time sheet if needed

Student Externship Evaluation Form - Proctor

The Student Externship Evaluation should be filled out by the student's preceptor on or before the last day of externship. Fill in the student information below and ask your preceptor to complete the form.

Student Name:			
Extern Site:			
Start Date:		End Date:	

Please evaluate the above-named student in the following areas. Guidelines are as follows:

4 = excellent	3 = above average	2 = average	1 = needs improvement
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PERFORMANCE

The student demonstrates:

Pharmacy Technician Student					
Ability to learn and retain information	4	3	2	1	N/A
Correct techniques in paperwork procedures	4	3	2	1	N/A
Knowledge of top 200 drugs and inventory	4	3	2	1	N/A
Set-up and clean-up of pharmacy	4	3	2	1	N/A
Sufficient speed in completing task	4	3	2	1	N/A
Care of instruments and equipment	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Pharmacy Technician Student					
Interest in improving	4	3	2	1	N/A
Ability to learn new procedures	4	3	2	1	N/A
Punctuality/Attendance	4	3	2	1	N/A
Positive attitude	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Pharmacy Technician Student					
Ability to complete tasks	4	3	2	1	N/A
Undertaking of responsibilities	4	3	2	1	N/A
Anticipation of Pharmacist/coworker's needs	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Pharmacy Technician Student					
Neatness in accomplishing work	4	3	2	1	N/A
Professionalism in personal appearance	4	3	2	1	N/A

PATIENT/STAFF RELATIONS

The student demonstrates:

Pharmacy Technician Student					
Ability to put patients/clients at ease	4	3	2	1	N/A
Cooperation with staff	4	3	2	1	N/A
Ability to function under stress	4	3	2	1	N/A
Use of correct terminology	4	3	2	1	N/A

Please provide additional information on the student below.

Student appears to show strength in these areas:

Student could benefit from suggestions for improvement in these areas:

The overall appraisal of the student:

Outstanding_____ Above Average_____ Average_____ Unsatisfactory_____

Preceptor Signature:			
Print Name:		Date	
Title:		Phone:	
Email address:			
Site Name:			
Address			

Evaluation of Pharmacy - Student

This form should be filled out by the **student** on or before the last day of the externship.

Instructions: Read each statement and mark your response on this form.

Pharmacy Technician Externship Site	4 = Strongly Agree 3 = Agree 2 = Disagree 1 = Strongly Disagree N/A = Not Applicable				
	4	3	2	1	N/A
1. The number of patient/client interactions and prescriptions filled was sufficient.					
2. The variety of learning opportunities was sufficient.					
3. The staff provided positive feedback.					
4. There were sufficient resources (personnel and supplies) available.					
5. Site staff created a supportive learning environment.					
6. If hiring, the site would be a great place to work.					

Pharmacy Technician Registration Application Process

You are required to apply to the your State Board of Pharmacy once you have successfully completed the program, externship, received a certificate of completion and paid your tuition in full. To apply, go to <https://nabp.pharmacy/boards-of-pharmacy> locate and print the application. After completing the application, you must send it to your State Board of Pharmacy with the following documents:

- Program certificate of completion (provided by the school).
- Certified high school transcripts or GED test results.
- Applicants are required to have their fingerprints processed via Live Scan. Contact your State Board of Pharmacy to locate a center in your area.

For more information go to <https://nabp.pharmacy/boards-of-pharmacy/>

Pharmacy Technician Certification Application Process: Once you have received your state license from the State Board of Pharmacy, you can apply for national certification from the Pharmacy Technician Certification Board. To achieve this Certification, candidates must satisfy the following eligibility requirements:

- High school diploma or equivalent educational diploma
- Full disclosure of all criminal and State Board of Pharmacy registration or licensure actions
- Compliance with all applicable PTCB Certification policies

For more information go to www.ptcb.org. To apply, click “login” and then click “Register Now” to create an account. After you create an account, you can file an electronic application. Once your application is approved, you will be authorized to schedule and take the Pharmacy Technician Certification Exam (PTCE).