



# Workforce Investment Act Eligible Training Program

**Provider Name:** Providence Skills Center

**Contract #:** 4050- 22

**Address:**  
Providence Place Mall  
31 Providence Place  
Providence, RI 02903

**Address if program is held at a another site:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Name:** Pharmacy Tech I

Office use only: ONET CODE 29-5052

### CONTACT INFORMATION

Program Contact Person:  
Gary Littlefield

Phone: 401 437 8885 x 318  
Email: glittlefield@comcap.org

Fax: 401 437 8885  
Website: <http://www.freegedri.org/docs/PHARMACYTECHflyer2010.pdf>

### Course Outline/Topics to be Covered

Introduction to Pharmacy, Pharmacy Service and Workflow, Prescription Production, Pharmacy Maintenance, Drive Thru, Third Party Compliance, HIPAA, Quality and Safety in the Pharmacy, Inventory Management, National Retail Foundation Customer Service

### Required academic grade levels to enter program

Reading Grade Level 10  
Math Grade Level 10  
English Proficiency Must be able to read, write and understand spoken English

### Required to enter training program

Physical  Yes  No  
Vaccinations  Yes  No  
Drug test  Yes  No  
BCI  Yes  No  
License  Yes  No  
Tools  Yes  No  
Experience  Yes  No  
Other :

### MAY be required for employment

Physical  Yes  No  
Vaccinations  Yes  No  
Drug test  Yes  No  
BCI  Yes  No  
Certification  Yes  No  
License  Yes  No  
Tools  Yes  No  
Experience  Yes  No  
Other :

### Participants will be qualified to seek employment in the following occupations:

- 1) Pharmacy Technician I
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

### Is this program Pell grant eligible?

Yes  No

### PROGRAM COSTS:

#### TUITION INCLUDES:

Tuition	\$2,500.00
Fees	
Books	\$65.00
Licensing	\$40.00
Certificate fees	
Other, (exam fee)	\$75.00
<b>Total Tuition Cost</b>	<b>\$2,680.00</b>

#### These are expenses that MAY be reimbursed after successful completion of training.

Please indicate Yes, No or enter the amount

	YES	NO	AMOUNT
Books	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Licensing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tools	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Uniforms	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Travel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Miscellaneous	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Total</b>			<b>\$0.00</b>

#### Participant is responsible for :

Prerequisites	_____
Memberships	_____
	_____
	_____
	_____
<b>Cost above tuition cap</b>	<b>\$0.00</b>
<b>Expenses that <u>MAY</u> be reimbursed</b>	<b>\$0.00</b>
<b>Total</b>	<b>\$0.00</b>

**Maximum ITA Responsibility (Max. \$5500)**

**\$2,680.00**

### PROGRAM LENGTH

Weeks and Hours and  
**Additional Information**

dates of program to be announced. Program runs Monday through Thursday 4PM to &pm for 96 class hours and 36 hour internship

### What type of certificate will be awarded and by whom?

Rhode Island Pharmacy Tech I License