



Pharmacist **A**ssisted Technician **S**elf-Instructional **M**odules

PATSIM APPLICATION PACKET

Non-Credit

Mail to:
NDSCS Apprenticeship-ND
800 6th St N
Wahpeton, ND 58076
Or
Scan and Email to:
ndscs.apprenticeship@ndscs.edu
PH: 701-671-2206



ADMISSION REQUIREMENTS NON-CREDIT PATSIM PROGRAM

1. High School graduate or G.E.D.
2. Be 18 years old before completion of the program.
3. Complete the PATSIM ENROLLMENT FORMS
 - a. Submit transcripts to Workforce Affairs Office (these may be unofficial) if you have courses on your transcript that may be acceptable for the program.
4. Submit documentation assuring Reading, Writing and Math Competency to the Workforce Affairs Office

Reading and Writing Validation Submit ONE of the following		
ACT or Accuplacer Scores	Transcript (unofficial copy acceptable) of Dual Credit or College Courses in College Comp.	Form A Employer Verification

Math Validation Submit ONE of the following		
ACT or Accuplacer Scores	Transcript (unofficial copy acceptable) of Dual Credit or College Math Courses	Successful completion of Math Readiness exam (taken with Proctor)

Minimum ACT or equivalent Scores

Reading	18 ACT
Writing	17 ACT
Math	19 ACT

Students not meeting the minimum scores will have to increase their reading, writing or math ability prior to being accepted into the program. You may work on module #1 while you are completing this requirement, but may NOT move on. One method would be to take on line remedial courses offered at a number of ND institutions. Alternatively, obtain tutoring. Once those are complete, the transcript may be submitted to the Workforce Affairs Office.



CHECKLIST

All of the following **MUST** be submitted to the Workforce Affairs Office for enrollment into the PATSIM Program.

Mail to:
NDSCS, Apprenticeship-ND, 800 6th St N, Wahpeton, ND 58076
PH: 701-671-2206

Scan and email: ndscs.apprenticeship@ndscs.edu

- PATSIM Application Form
- Transcripts, English, Writing and Math Verifications
- PATSIM Agreement Form
- Student Responsibility Agreement
- FERPA Form
- Proctor Form
- Registration & Book Order Form
- Photo ID Copy

**** Register with the North Dakota State Board of Pharmacy as a Technician-in-Training ASAP after enrollment into PATSIM. <https://www.nodakpharmacy.com/>**



DIVISION FOR WORKFORCE AFFAIRS

Application to Non-Credit PATSIM Program

Pharmacist Assisted Technician Self Instructional Modules

Student Technician Information:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone # _____ DOB _____

Name & Date of High School Graduation _____

Pharmacist and Pharmacy Information:

Sponsoring Pharmacist Name: _____

Pharmacy Name _____

Pharmacy Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Student Signature

Pharmacist Signature

\$35 Processing Fee must be returned with the required forms to complete the Registration process.

“PATSIM” SPONSORING PHARMACIST AND STUDENT TECHNICIAN AGREEMENT

This Agreement is among the North Dakota State College of Science (NDSCS), _____ (Pharmacist) and _____ (Student Technician). The purpose of the Agreement is to provide a Pharmacist-Assisted Technician Self-Instructional Module (“PATSIM”) to satisfy North Dakota Pharmacy Technician registration requirements.

1. The Student Technician shall arrange for on-the-job training with a participating Pharmacist. The Student Technician is not an employee of NDSCS and is not entitled to wages or to other compensation from NDSCS. NDSCS has no authority to control or direct the work of Student Technician and NDSCS assumes no liability for any claims or causes of action arising out of Student Technician’s work.
2. The Student Technician agrees to complete all of the program modules of the PATSIM program in the required progression during a term *with a minimum of one module being satisfactorily completed every three months.* A module may be repeated only once during the program. Satisfactory completion of a module is defined as completing all assignments within the module. No refunds or transfer of fees will be issued for dropping or not completing the program. The Student Technician agrees to complete the program of modules following all conditions set forth by the State Board of Pharmacy and NDSCS as outlined here and any that may be added at the discretion of the State Board of Pharmacy and NDSCS. The Pharmacist agrees to provide necessary and appropriate supervision and monitoring. Pharmacist agrees to assume responsibility for grading all mechanical manipulations, including, but not limited to weighing materials using a torsion balance, and nonsterile materials.
3. The Student Technician and the Pharmacist agree not to copy or share the contents of the modules.
4. NDSCS is responsible for the curriculum of the module courses. The additional course material for the academic credit options the student technician is to obtain on their own from any Accredited College or University. Pharmacists shall make available to the Student Technician standard reference books and other materials commonly kept by pharmacists.
5. Upon satisfactory completion of the program NDSCS shall issue a certificate of completion to Student Technician for the non-credit PATSIM.
6. This Agreement may be terminated with written notice to the other parties by either the Pharmacist or Student Technician or NDSCS. Student Technician is responsible for arranging placement with other pharmacist for continuation of the program if the Student Technician terminates their employment before completing the program.
7. Pharmacist represents that he/she is properly licensed and agrees to maintain during the term of the Agreement all licenses, permits and certificated required by law.
8. The Sponsoring Pharmacist and the Student Technician are familiar with the ASHP Accreditation Standard enclosed in the student handbook.
9. The Student Technician will allow the program to share grades and progression with the State Board of Pharmacy and their experiential site coordinator.

Date: _____

Student Technician

Date: _____

Pharmacist

Date: _____

North Dakota State College of Science



Student Responsibility Agreement

I agree to the following requirements, policies and handbooks while I am a student in the Pharmacy Technician Program.

- NDSCS Pharmacy Technician Student Handbook
- NDSCS Course outlines
- NDSCS Pharmacy Technician Essential Functions
- HIPAA Regulations
- Program Policy on Drug/Alcohol violations

I have read and reviewed the above items and understand my responsibilities.

NDSCS and the program reserve the right to change policies or revise curricula as necessary due to unanticipated circumstances. All policy and curriculum revisions will be made known to the student.

I have read, understand and agree to comply with all requirements, policies and handbooks as stated above.

Student (PRINT name) _____

Signature of Student _____

Date _____

FERPA Release Form PATSIM Students

(Family Educational Rights and Privacy Act)

I, _____
(PLEASE PRINT FULL NAME)

The undersigned hereby authorize North Dakota State College of Science (including faculty, administrative offices) to release the following educational records upon request. I understand the information, which can be released concerning me, upon request, can include but is not limited to attendance, attitude, dependability, coursework and grades.

Information on academic records including grades and other pertinent information will be released (upon request) to

- Licensing Agencies and Boards (ND State Board of Pharmacy)
- Certification Agencies (PTCB/NHA)
- Sponsoring Pharmacist

Names of individual(s) I wish to release information to:

- | | | |
|----|------|--------------|
| 1. | | |
| | Name | Relationship |
| 2. | | |
| | Name | Relationship |

I understand although I am not required to release my records to these individuals, I am giving my consent to release information. I understand further that: 1. I have the right not to consent to the release of my educational records; 2. I have the right to receive a copy of any written reference upon request; 3 and that this consent shall remain in effect until revoked by me, in writing and delivered to the Workforce Affairs Office at ApprenticeshipND NDSCS, but that any revocation shall not affect disclosures previously made by said employee prior to the employee's receipt of any such revocation.

Signature of Student _____ Date _____

Proctor Form

Completed by Student

A. Student Contact Information:

Name

Area Code- Daytime Phone Number

Your Email Address (college email preferred)

Area Code- Nighttime Phone Number

B. Course Information I am requesting approval for :

Course Number

Instructor

Semester

Year

PATSIM

Melissa Krava

NA

C. The Proctor I am requesting approval for :

- ____ NDCS Testing Center in Wahpeton
 ____ Learning Centers
 ____ NDCS Testing Center in Fargo
 ____ Librarians in high schools or public
 ____ Human Resources/Office Personnel
 ____ Testing Centers of other colleges/universities
 ____ Teachers/Professors/Educational Administrators

D. Complete the Proctor name and organization. (e.g. NDCS Testing Center, Sylvan Learning Center)

Proctor Name

Position

Organization Name

E. I, the student named above, agree to the following:

1. To locate a proctor or testing center and set up an appointment for my course exam(s), according to the published dates.
2. To provide the prospective proctor with the Proctor Application Form-Section II.
3. To pay for all expenses for proctoring services; if any.
4. To return Proctor Application Form to my instructor by the dates required.

F. The information in Section I is correct to the best of my knowledge.

Student Signature

Date

SECTION II

To be completed by Proctor

Student Name

A. Proctor Contact Information:

Proctor Name	_____	Position	_____
Organization	_____	City	_____
Street Address	_____	State	_____ Zip Code _____
E-Mail Address (Required)	_____	Fax Number	_____
Daytime phone number	_____	Phone number	_____

B. Proctor Qualification and Statements (please read and initial each line)

- _____ I certify that I will verify student’s name and picture on a college or government (e.g. driver’s license) issued picture ID.
- _____ I certify that I am a disinterested third party who has no interest in the outcome of this exam.
- _____ I certify that I am at least 21 years of age.
- _____ I certify that I will personally observe the student throughout the entire exam.
- _____ I certify that the student will not receive any assistance during the exam.
- _____ I certify that I will follow instructor’s guidelines as pertaining to allowable items during the exam.
- _____ I agree to preserve and protect the NDSCS exam from being copied, printed or compromised in any way.
- _____ I agree to notify the instructor if I know or suspect that an NDSCS exam has been compromised in any way.
- _____ I acknowledge that I have read and understand the duties of an NDSCS proctor.
- _____ I certify that I will not delegate my proctor responsibilities to anyone else.
- _____ I agree that my contact information may be made available to the NDSCS student and instructor.

Proctor Certification Statements. Please read and sign

1. I certify that to the best of my abilities I will uphold the NDSCS Academic Conduct Standards. (available at <http://www.ndscs.nodak.edu/acastuddivision/pdf/guidetostudentrights.pdf>)
2. I have Internet access to allow for online testing. The Information in Section II of the Proctor Application Form is correct to the best of my knowledge.
3. I agree to allow student to download test secure software (such as ExamGuard®) if required

Proctor Signature

Date

C. Mail to

Apprenticeship ND NDSCS 800 6 St N, Wahpeton ND 58076

or

Scan and email: ndscs.apprenticeship@ndscs.edu



FORM A
Verification of Reading and Writing Ability

I _____ preceptor for _____
(Print name of Preceptor) Print Student Name

Hereby verify that the student named, has demonstrated during the hiring process, that they have the necessary reading and writing skills to successfully complete the Pharmacist Assisted Self-Instructional Modules.

Signature of Preceptor