

MyCAA Education & Training Plan (ETP)

Delaware State University
Testing Services and Programs
1200 N. DuPont Highway
Dover, DE 19901
<https://www.desu.edu/academics/mycaa>

Student Information:

Student Name: _____

School Issued Student ID: N/A

Program Name: Pharmacy Technician with Medical Administration Certificate Program with a Clinical Externship C.2.78

Program Type: Certificate

Program Duration: 6 Months

Scheduled Start Date: _____

Estimated Completion Date: _____

Course Delivery Format Online

Program Overview:

This comprehensive course will prepare students to enter the pharmacy field and take the Pharmacy Technician Certification Board's PTCB exam. Course content includes pharmacy, medical terminology, reading and interpreting prescriptions, defining generic and brand names drugs, and much, much, more! The program also includes a clinical externship at a local healthcare provider. This program also prepares students to function effectively in many of the administrative and clerical positions in the healthcare industry. It provides students a well-rounded introduction to medical administration that delivers the skills students require to obtain an administrative medical assistant position or advance within a current healthcare career.

Certification/Licensure Eligibility upon Program Completion:

Pharmacy Technicians should have or be pursuing a high school diploma or GED.
There are no state approval and/or state requirements associated with this program.
Students who complete this course are prepared for national certification:

- Pharmacy Technician Certification Board (PTCB) national technician certification exam
- National Healthcareer Association (NHA) Certified Medical Administrative Assistant (CMAA) exam

Tuition Cost:

\$3,950

Course Breakdown:

Course/Program Code	Course/Program Title	Course Credits (if applicable)
DESU-PTMA 11	Pharmacy Technician with Medical Administration Certificate Program with a Clinical Externship	780 Contact Hours/ 78 CEU's

School Official Certification:

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

Signature/Title of Authorized School Official

Date

School Official Printed First and Last Name

School Official E-mail and Phone Number