MyCAA Education & Training Plan (ETP)

Texas A&M International University
Office of Continuing Education
5201 University Boulevard | Laredo, TX 78041
https://tamiu.edu2.com/

C	 Information	
TITLE		

Student Name:	
School Issued Student ID:	N/A
Program Name:	Pharmacy Technician with Medical Administration Certificate Program with a Clinical Externship
	On this cate
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 and defining generic and brand names drugs and much, much more! Program also includes an optional clinical externship at a local healthcare provider! This also program prepares students to function effectively in many of the administrative and clerical positions in the healthcare industry. It provides students a wellrounded introduction to medical administration that delivers the skills students require to obtain an administrative medical assistant position or advance within their 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:
- o Pharmacy Technician Certification Board (PTCB) national technician certification exam
- o 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)	
TAMIU-PTMA 11	Pharmacy Technician with Medical Administration Certificate Program with a Clinical Externship	780 Contact Hours/ 78 CEU's	
School Official Certifica	ntion:		
By my signature below, I con named in this document.	ertify the above information is true, accura	ate, complete, and being submitted	on behalf of the institution
Signature/Title of Authorized School Official		Date	
School Official Printed First and Last Name		School Official F-mail and Phone Number	