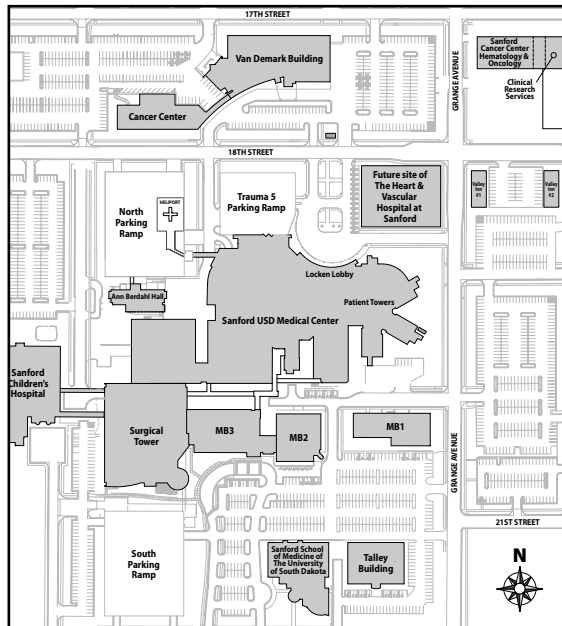


## City of Sioux Falls



## Sanford USD Medical Center



### For more information contact:

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# Pharmacy Technician Certification Review

*Sponsored by Sanford Health*

May 30, 2009

8 a.m. – 5:30 p.m.

Sanford USD Medical Center  
Meeting Room A  
Lower Level



8 – 8:20 a.m.	Registration and Continental Breakfast
8:30 – 9:30 a.m.	Federal Pharmacy Law <i>Randy Jones, RPh, SD Board of Pharmacy Inspector</i>
9:30 – 9:45 a.m.	Break
9:45 a.m. – Noon	Pharmacy Calculations <i>Ann Oberg, NAU Pharmacy Tech Program Coord./Instructor</i>
Noon – 1 p.m.	Lunch (provided)
1 – 3 p.m.	Pharmacology <i>Naomi Graves, PharmD – Lewis Drug Eastgate Pharmacist</i>
3 – 3:15 p.m.	Break
3:15 – 4:15 p.m.	Aseptic Technique and Sterile Products <i>Stepheon Jaeger, Pharmacy Technician Supervisor Sanford</i>
4:15 – 5:15 p.m.	Drug Distribution Systems <i>Deb Cummings, STI Pharmacy Tech Coordinator/Instructor</i>
5:15 -5:30 p.m.	Wrap-up — Q&A Panel All speakers

### Registration:

The registration fee includes programming, handout materials, continental breakfast, lunch, and refreshment breaks for the day. Participants are encouraged to register in advance because space is limited. The presenters will use information from pharmacy technician education textbooks and other manuals used in their practice. If you currently do not have any review manuals, purchase of the Mosby's Review for the Pharmacy Technician Certification Examination, 2nd Edition with the review session is strongly encouraged to assist you in studying for the exam. All proceeds in excess of programming expenses will be donated to Ronald McDonald House of Sioux Falls.

### Refund policy:

If the session is full, you will be notified in advance and your money refunded. Any cancellations prior to May 15th, will receive a full refund. Cancellations on or after May 23rd, will be assessed a \$20 administrative fee, if you chose to purchase the manual.

### Registration form

Name(s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address (for each registrant)\* \_\_\_\_\_

\_\_\_\_\_

\*Note: A different email address is needed for each participant for follow-up program evaluations

### Registration:

On/Before May 15th:

\_\_\_ Review PLUS manual – \$60 QTY\_\_\_

\_\_\_ Review session only – \$20 \_\_\_ Total=\$\_\_\_

After May 23rd:

\_\_\_ Review PLUS manual – \$70 QTY\_\_\_

\_\_\_ Review session only – \$25\_\_\_ Total= \$\_\_\_

\*\*Payment: Please make all check and money orders payable to:  
Pharmacy Technician Consulting

### Mail registration forms and payments to:

Ann Oberg  
PO Box 89105  
Sioux Falls, SD 57109-9105