

**2024–2025**  
**Pharmacy Technician**  
**Program Handbook**

## Western Iowa Tech Community College

It is the policy of Western Iowa Tech Community College not to discriminate on the basis of race, creed, color, sex, national origin, religion, age, disability, sexual orientation, gender identity, socioeconomic status, actual or potential parent, family or marital status, or other characteristic protected by law in its programs, activities, or employment practices as required by state and federal civil rights regulation.

If you have questions or complaints, please contact Dean of Human Resources (employees) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 1406; [equity@witcc.edu](mailto:equity@witcc.edu) or Dean of Opportunity and Engagement (students) 4647 Stone Avenue, Sioux City, IA 51106; [712.274.6400](tel:712.274.6400) ext. 2887; [equity@witcc.edu](mailto:equity@witcc.edu) or the Director of the Office for Civil Rights, U.S. Department of Education, John C. Kluczynski Federal Building, 230 S. Dearborn Street, 37th Floor, Chicago, IL 60604-7204, phone number [312.730.1560](tel:312.730.1560), fax 312.730.1576, TDD 800-877-8339; email: [OCR.Chicago@ed.gov](mailto:OCR.Chicago@ed.gov).

Individuals using assistive technology (such as a screen reader, Braille reader, etc.) who experience difficulty accessing information on this web site, should send an email to the Webmaster at [webmaster@witcc.edu](mailto:webmaster@witcc.edu). The e-mail should include the nature of the accessibility problem and the individual's e-mail address for a response. If the accessibility problem involves a particular Web page, the message should include the URL (Web address) of the page. We will contact individuals having accessibility problems within three business days to assist them and to provide them with the information being sought.

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Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. A copy of the catalog is available by calling Enrollment Services, WITCC, 712-274-8733, Ext. 1325 or 800-352-4649 or on our Website at [www2.witcc.edu](http://www2.witcc.edu).

# Directory

## **Admissions Office**

Western Iowa Tech Community College  
4647 Stone Avenue  
P.O. Box 5199  
Sioux City, Iowa 51102-5199

Phone: 712-274-6404 or  
800-352-4649  
Fax: 712-274-6448  
E-mail: [info@witcc.edu](mailto:info@witcc.edu)  
Website: [www2.witcc.edu](http://www2.witcc.edu)

## **Financial Aid Office**

712-274-6403 or  
800-352-4649

## **Program Advisors:**

### **Jullina Williams, CPhT**

Phone: 712-274-6462  
Fax: 712 274-6448  
E-mail: [jullina.williams@witcc.edu](mailto:jullina.williams@witcc.edu)  
Office: Robert H. Kiser Building, Room A129

# **Western Iowa Tech Community College**

## **Pharmacy Technician**

### **Program Overview and Opportunities**

The pharmacy technician diploma program will prepare students for entry-level pharmacy technician positions in both the institutional and community pharmacy setting. The role of the pharmacy technician is one of the fastest growing fields in medical care. A pharmacy technician is an individual who, under the supervision of a pharmacist, assists in the day-to-day pharmacy operations that do not require the professional judgment of a pharmacist. Pharmacy technicians may perform many of the same duties as a pharmacist; however, all of their work must be checked by a pharmacist before medications can be dispensed to a patient. A central defining feature of the technician's job is accountability to the pharmacist for the quality and accuracy of his or her performance.

Preparing medications involves using sterile and nonsterile techniques to count, measure, and compound medications. Additional duties of the pharmacy technician include: receive and verify written prescriptions, take prescription refill requests, prepare IV medications, operate computer and automation systems, apply prescription and auxiliary labels to medication bottles, control and price inventory, order supplies, restock shelves, prepare insurance claim forms, and operate cash registers.

Graduates are eligible to take the National Pharmacy Technician Certification Examination (PTCE); this certification is recognized in all 50 states. Graduates are also eligible to take the Exam for the Certification of Pharmacy Technicians (ExCPT) offered by the National Healthcareer Association (NHA). A complete comparison of the two exams is listed in the following tables.

Upon application for a pharmacy technician position, individuals may be subject to criminal background checks and drug testing; failure to pass either of these may prevent employment. Externship sites, employers, and State Boards of Pharmacy have regulations about drug use and criminal backgrounds. Additionally, some employers may require documentation of immunization status.

# **Admissions Criteria and Procedure**

## **Pharmacy Technician Program**

### **Sioux City**

#### **Specific Admission Requirements:**

- **All students** must submit a copy of their high school transcript (or equivalency diploma-GED) and all college transcripts to the Admissions Office for evaluation.

**General admission procedures for all WITCC students is available in the WITCC College Catalog.**

#### **CRITERIA 1 FOR ACCEPTANCE**

1. Verification of high school, GED , or HSED official transcript **OR**
2. Verification of current enrollment in high school **AND**
3. Submitted documentation of composite ACT score of at least 20

#### **OR CRITERIA 2 FOR ACCEPTANCE**

1. Verification of high school, GED, or HSED official transcript with cumulative GPA of 2.0 or higher **OR**
2. Verification of current enrollment in high school with cumulative GPA of 2.0 or higher **AND**
3. At least two (2) year of high school English or equivalent with no grade lower than a C **AND**
4. At least one (1) year of high school Algebra II or equivalent with no grade lower than a C.

#### **OR CRITERIA 3 FOR ACCEPTANCE**

1. At least three (3) college credit hours in English Composition or equivalent with no grade lower than a C **AND**
2. At least three (3) college credit hours in Applied Math or equivalent with no grade lower than a C.

## **Pharmacy Technician Program Requirements**

1. All students must be cleared by Program Coordinator to participate in experiential site rotation.
2. All students must sign a confidentiality agreement before beginning their experiential site rotation.

## IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution's ADA Policy.

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Cognitive-Perception	The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.	<ul style="list-style-type: none"> <li>Identify changes in patient/client health status</li> <li>Handle multiple priorities in stressful situations</li> </ul>
Critical Thinking	Utilize critical thinking to analyze the problem and devise effective plans to address the problem.	<ul style="list-style-type: none"> <li>Identify cause-effect relationships in clinical situations</li> <li>Develop plans of care as required</li> </ul>
Interpersonal	Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.	<ul style="list-style-type: none"> <li>Establish rapport with patients/clients and members of the healthcare team</li> <li>Demonstrate a high level of patience and respect</li> <li>Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</li> <li>Nonjudgmental behavior</li> </ul>
Communication	Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.	<ul style="list-style-type: none"> <li>Read, understand, write and speak English competently</li> <li>Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</li> <li>Explain treatment procedures</li> <li>Initiate health teaching</li> <li>Document patient/client responses</li> <li>Validate responses/messages with others</li> </ul>
Technology Literacy	Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.	<ul style="list-style-type: none"> <li>Retrieve and document patient information using a variety of methods</li> <li>Employ communication technologies</li> <li>to coordinate confidential patient care</li> </ul>

*Reviewed and Approved April 2018*

CAPABILITY	STANDARD	SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)
Mobility	Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.	<ul style="list-style-type: none"> <li>The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</li> </ul>
Motor Skills	Gross and fine motor abilities to provide safe and effective care and documentation	<ul style="list-style-type: none"> <li>Position patients/clients</li> <li>Reach, manipulate, and operate equipment, instruments and supplies</li> <li>Electronic documentation/ keyboarding</li> <li>Lift, carry, push and pull</li> <li>Perform CPR</li> </ul>
Hearing	Auditory ability to monitor and assess, or document health needs	<ul style="list-style-type: none"> <li>Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</li> </ul>
Visual	Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination	<ul style="list-style-type: none"> <li>Observes patient/client responses</li> <li>Discriminates color changes</li> <li>Accurately reads measurement on patient client related equipment</li> </ul>
Tactile	Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture	<ul style="list-style-type: none"> <li>Performs palpation</li> <li>Performs functions of physical examination and/or those related to therapeutic intervention</li> </ul>
Activity Tolerance	The ability to tolerate lengthy periods of physical activity	<ul style="list-style-type: none"> <li>Move quickly and/or continuously</li> <li>Tolerate long periods of standing and/or sitting as required</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>Adapt to rotating shifts</li> <li>Work with chemicals and detergents</li> <li>Tolerate exposure to fumes and odors</li> <li>Work in areas that are close and crowded</li> <li>Work in areas of potential physical violence</li> <li>Work with patients with communicable diseases or conditions</li> </ul>

Reviewed and Approved April 2018



## Certification Options for Pharmacy Technicians

Test	ExCPT	PTCE
Organization Name	National Healthcareer Association (NHA)	Pharmacy Technician Certification Board (PTCB)
Cost	\$125.00	\$129.00
Testing Providers	PSI/Lasergrade	Pearson Vue
Closest Testing Center	4647 Stone Ave. Sioux City, IA 51106 (WITCC testing center)	4300 Lakeport St. Sioux City, IA 51106
Pathways	<p>PATHWAY 1: TRAINING PROGRAM—Within the past five (5) years</p> <p>PATHWAY 2: WORK EXPERIENCE—Complete at least 1,200 hours of supervised pharmacy related work experience within any one (1) year in the past three (3) years</p>	<p>PATHWAY 1: Completion of a <u>PTCB-Recognized Education/Training Program</u> (or completion within 60 days)</p> <p>PATHWAY 2: Equivalent work experience as a pharmacy technician (min. 500 hours). The alternative path will serve experienced pharmacy technicians who were not in a position to attend a PTCB-Recognized program</p>
Testing Requirements	<p>*At least 18 years of age</p> <p>*Have high school diploma or GED equivalent.</p> <p>*Have not been convicted of or pled guilty to a felony</p> <p>*Have not had any registration or license revoked, suspended, or subject to any disciplinary action by a state health regulatory board</p>	<p>*At least 18 years of age</p> <p>*High school diploma or equivalent educational diploma</p> <p>*Full disclosure of all criminal and state board of pharmacy registration or licensure actions</p> <p>*Compliance with all applicable PTCB certification policies</p>
Website	www.nhanow.com	www.ptcb.org
Recertification Requirements	Every 2 years, 20 hours of CE required, including 1 hr. of pharmacy law and 1 hr. of patient safety Cost: \$55	Every 2 years, 20 hours of CE requiring 1 hr. of pharmacy law and 1 hr. of patient safety Cost: \$49
Revocation	For false statements, cheating, conviction of a drug-related felony, revocation of registration/licensure by a state, documented violation of NHA Pharmacy Technician Code of Ethics	For false statements, cheating, conviction of a crime or felony of moral turpitude (including, but not limited to, drug-related crimes), documented gross negligence, intentional misconduct or deficiency in knowledge base
States that have formally approved test for certification	All 50 states	All 50 states

# Pharmacy Technician Diploma Program of Studies

Catalog #	Course Title	Credit Hrs.
PHR 105	Intro to Pharm Tech	3
HSC 114	Medical Terminology	3
BIO 163	Essentials of Anatomy & Physiology	4
ADM 105	Intro to Keyboarding	1
PHR 941	Practicum	1
PHR 135	Pharm Calc & Compounding	3
SDV 108	College Experience	1
	<b>Total First Semester</b>	<b>16</b>

Catalog #	Course Title	Credit Hrs.
PHR 120	Pharmacology for Pharm Tech	3
PHR 947	Pharmacy Tech Practicum	1
ADM 154	Business Communication	3
PSY 102	Human and Work Relations	3
PHI 105	Introduction to Ethics	3
HSC 245	Team Building	1
PHR 140	Pharmacy Law (online only)	1
	<b>Total Second Semester</b>	<b>15</b>

Catalog #	Course Title	Credit Hrs.
PHR 933	Internship	2
	<b>Total Semester</b>	<b>2</b>
	<b>Program Total</b>	<b>33</b>

# College Policies

Please refer to the student handbook and the college catalog for information or policies related to:

- Discrimination, Sexual Harassment, Americans with Disabilities Act Compliance
- Sexual and Gender Harassment
- Discrimination
- Discipline
- Disability
- Release of Student Information
- Drug-Free College Community
- Transfer Students
- Financial Aid and Payment Options

*The college handbook and the college catalog information may be acquired online at [witcc.edu](http://witcc.edu); click on student services or request a printed copy at the main Sioux City Campus Enrollment Services Office.*

## Injury Policy

A student who incurs an injury during clinical or practicum should report it to the clinical site immediately and then notify their supervising instructor as soon as possible.

## Excused Absences

Military duty, jury duty, or if you are subpoenaed are considered excused absences.

## Academic Advising

Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

### Role of Student in Advising

The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisor for efficiency in scheduling. Faculty is available at the Sioux City Campus for advising and program inquiries. Contact your advisor to schedule an appointment. Advisor signatures are required on all course schedules, drop/add slips, transfer of program and credit forms, and forms for withdrawal from programs or the college.

The student is ultimately responsible to meet **all** requirements for graduation.

## Graduation

WITCC students must meet the graduation requirements as set forth in the general WITCC College Catalog and the WITCC Student Handbook. Students must achieve a final grade of a C- (program GPA 2.0) or better in all program courses to be eligible for graduation.



# Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience. Additional expenses will be the student's responsibility.

**Students may be required to provide the following information to external affiliated agencies:**

- Health Screening/Immunizations
- CPR—BLS American Heart Association
- Mandatory Reporter—Adult and Child
- Criminal and Abuse Background Checks
- Drug Test: Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what drugs may be screened.

The **student should maintain copies** of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*

Revised January 2023

## NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING

**I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand that I am responsible for providing copies of the documentation requested by the affiliated agency. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.**

Print name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Name

Program

Date

Revised January 2023



# Social Media Policy

Western Iowa Tech Community College supports the use of technology inside and outside the classroom. This support comes with the expectation that students in WITCC programs will uphold the legal and ethical standards of their prospective professions and the WITCC Health Science programs when using such technology, including social media. State and Federal laws regarding privacy, such as HIPAA and FERPA, apply to all communication, whether educational or personal.

Students may not post or otherwise publish confidential or protected information. No information identifying a patient, patient situation, or clinical facility may be posted on any social media platform. Social media platforms include, but are not limited to: Facebook, LinkedIn, Snapchat, YouTube, Twitter, Instagram, TikTok, or any other social media platform in the future. Student use of photography and/or recording devices is prohibited in all classroom, laboratory and clinical sites, unless formal permission from the instructor of record is granted in advance.

Students are expected to maintain professional boundaries in their communication with others. Students should not give healthcare advice on social media platforms. Students should not “follow” or become a patient’s “friend” on a social media platform.

Any violation of this policy must be promptly reported to the program faculty. Disciplinary actions, up to and including student removal, will be taken accordingly. Students may be banned from the clinical facility, and/or subject to immediate expulsion from the Health Science Program. Students may also be subject to civil and/or criminal actions.

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed 2/2022





# Confidentiality Agreement

## Please read and sign the following statement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

- 1) client's name and other identifying information
- 2) client's diagnosis
- 3) type of care being provided
- 4) reason for seeking health care services, treatment, and response to treatment
- 5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience. The following are guidelines to be followed in order to be compliant with standards.

- The HIPAA Privacy Rule allows health care providers to use and disclose Protected Health Information (PHI) without a patient's written authorization for purposes related to treatment, payment, and health care operations. It further defines "health care operations" to include *"to conduct training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers."*
- **Minimal Information:** The amount of PHI used must be the minimum amount necessary to conduct the training. Allowable information can include race, age, other medical conditions, prior medical conditions, and other background information only if necessary to accomplish the prescribed assignment. **Do not include the patient's name and medical record number. In addition, do not talk about other identifying characteristics, for example the patient's job, job title, where they work, where they live, their community activities, etc.**

HIPAA Program Office; The University of Chicago Medical Center; GUIDANCE (February 18, 2008)

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

*I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.*

Student ID: \_\_\_\_\_

Print name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed 2/2022

***Academic Review Procedure  
Program/Course Appeal Process  
Health Sciences Programs***

This process provides students with a mechanism to channel concerns related to departmental/program policies and procedures within the Health Sciences Department. These may include concerns and/or violations of department, program, course, laboratory, and/or clinical policies and procedures.

***Step 1: Informal Process:***

- Students are encouraged to discuss specific concerns with the course instructor involved within five (5) instructional days of occurrence of the issue. This is in an effort to resolve issue(s) by a prompt and effective means with free and informal communications.
- If at this point, the issue(s) is/are not resolved to the mutual satisfaction of both parties, the student should proceed to the formal process **Step 2**.
- Documentation of the discussion will be generated. (i.e. email, verbal, phone, etc.)

***Step 2: Formal Process:*** (Student, Course Instructor)

- Student may initiate a formal appeal process by submitting the “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal request, to the appropriate instructor.
  - Appeal process form must be submitted within five (5) instructional days of the informal process meeting.
- Instructor will initiate a formal conference with a student to discuss and develop a plan of action related to academic performance, behavior, or discipline.
  - Schedule meeting with student within five (5) instructional days of receiving written notification.
  - Documentation will be completed on the “Student Conference Form”
  - Instructor will submit completed “Student Appeal Process Form” to the Associate Dean of Health Sciences or the designated program administrator.
- If the issue is not resolved, the student may initiate **Step 3** of the appeal process.

***Step 3: Formal Process:*** (Student, Department Administrator, or Associate Dean of Health Sciences)

- If issue is not resolved between student and instructor, the student will request an appointment with the Associate Dean of Health Sciences or designated program administrator within five (5) instructional days.
  - The student will submit a “Student Appeal Process Form” detailing the policy they’re appealing, as well as the reason for their appeal to the Associate Dean of Health Sciences.
  - Associate Dean of Health Sciences or designated program administrator will provide appeal decision within five (5) instructional days.
  - Associate Dean or designated program administrator will review all documentation.
  - Associate Dean or program administrator will send formal written notice to student within five (5) days from step 2.
- If the issue is not resolved, the student may initiate **Step 4** of the appeal process.

***Step 4: Formal Process:*** (Health Sciences Review Committee)

- If the issue is not resolved, the student may petition to meet with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice from Associate Dean of Health Sciences or designated program administrator.
  - Student will email request to the Associate Dean of Health Sciences to schedule a meeting with the Health Sciences Review Committee within five (5) instructional days of appeal decision notice.
  - Student will submit all documentation related to the issue for the Health Sciences Review team to the Associate Dean of Health Sciences or designated program.
- Health Sciences Review Committee (Associate Dean of Health Sciences and/or Health Administrator; 2 health instructors; 1 student)
  - Committee will convene meeting within five (5) instructional days of request.
  - Committee will review documentation and receive testimony from all parties.
  - Committee will render a decision and/or resolution within five (5) days
  - If the student is not satisfied with the resolution, they may initiate the college “Academic Review Procedure.”

***Step 5: Formal Process:*** (College Academic Review Procedure)

- Students may initiate the college “Academic Review Procedure.” For procedural steps, refer to the “College Catalog” and/or “Student Handbook.”

Adopted 12/10/2018  
Approved Academic Council 11/24/2015  
Revised January 2024





**WESTERN IOWA TECH COMMUNITY COLLEGE  
HEALTH SCIENCE PROGRAMS  
STUDENT APPEAL PROCESS FORM**

**Student Name:** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**Program** \_\_\_\_\_ **Course** \_\_\_\_\_ **Date** \_\_\_\_\_

**Statement of the issue (policy or procedure) must address the following (attach the following):**

- State which policy or procedure you are appealing.
- Clearly and concisely state/describe the resolution you are seeking.
- When did you first become aware of the issue?
- Identify any extenuating circumstances related to the issue.
- What steps have you already taken to address the issue?
- Identify resources or supports that may help you improve or correct the issue.

**Resolution (check one):**

- ☐ Issue resolved
- ☐ Issue not resolved; student advised to move to next step – Program Administrator or Associate Dean of Health Sciences.
- ☐ Issue not resolved; student advised to move to next step – Health Science Review Committee.
- ☐ Issue not resolved; student advised of the College Academic Review Procedure.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Indicates only that student has prepared the documentation and consulted with the instructor.

**\*Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*-Administrator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Indicates only that student has consulted with Instructor and/or Program Administrator or Associate Dean of Health Sciences and does not indicate, express, or imply approval.

Revised January 2024  
Adopted 12/10/2018  
Approved Academic Council 11/24/2015





# Signature Sheet of Understanding

I have reviewed and understand the Pharmacy Technician Program Admission Information Booklet and agree to abide by these policies.

I have also reviewed and understand the WITCC Student Handbook and agree to abide by these policies.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_