



Albany College of Pharmacy  
AND HEALTH SCIENCES

*The Cytotechnology Program  
of  
Albany College of Pharmacy and Health Sciences  
presents  
Cytology Review  
A review of  
Gynecologic and  
Non-gynecologic cytology*

Preparation for CT, SCT and IAC Cytology Board examinations

**Target Audience**

This course is mainly designed for cytotechnologists taking the cytology-based board examinations. The course also serves as a refresher for cytotechnologists whose current scope of practice does not routinely include all types of specimens and for cytopathology residents and fellows.

**Course Format**

Instructors will discuss the major aspects of each topic using streaming media to illustrate primary cytologic, histologic and pathologic features where appropriate. Participants are encouraged to ask questions, as well as share their cytology expertise. As part of this review, each participant will have the opportunity to take four computer based Board of Registry style examinations in diagnostic cytopathology administered through the Blackboard web platform.

**Registration**

The registration fee includes tuition, PDF downloadable handouts and 8 weeks of access to the review course. Please complete the registration form with payment to Albany College of Pharmacy and Health Sciences, Dept. of Health Sciences, 106 New Scotland Avenue, Albany, N.Y. 12208 or by fax to (518) 694-7064. Online registration can be done through the following web link: <http://www.acphs.edu/> And click on “Cytotechnology Review Course” listed on the bottom right and follow instructions.

### **Important: Please Read the Following**

- *You will need a computer that is running either Windows XP or VISTA.*
- *A PDF of each tutorial is available as a separate download. Adobe Acrobat reader is available by visiting the [Adobe Acrobat Reader](#) website.*
- *You will need to download and install the latest windows media player in order to view the tutorials. Please visit [Windows Media Player](#) to obtain the latest version.*
- *For optimal performance it is suggested to use Internet Explorer version 7.0.*
- *All participants are required to abide by the ACPHS Computer Code of Ethics found in the college catalog ([http://www.acphs.edu/academics\\_catalogs.html](http://www.acphs.edu/academics_catalogs.html)).*

### **Cancellations and Refunds**

Refunds, less a \$25.00 administrative fee, will be issued for cancellations received within 24 hours of the beginning of the course access. Cancellations received after the 24 hour period will not be eligible for a refund. Albany College of Pharmacy and Health Sciences reserve the right to cancel a program.

### **Questions**

Please contact Deborah Lohiser, Administrative Assistant, Dept. of Health Sciences at Albany College of Pharmacy and Health Sciences, at (518) 694-7236 or [Deborah.Lohiser@acphs.edu](mailto:Deborah.Lohiser@acphs.edu) with any questions.

#### ***Review Course Faculty:***

*Indra Balachandran, Ph.D., SCT, CFIAC  
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Program Director, Cytotechnology  
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Education Coordinator, Cytotechnology  
Albany College of Pharmacy and Health Sciences  
Albany, N.Y. 12208*

**REGISTRATION FORM**

**Cytology Review Course**

Please print or type the following information and mail or fax your payment to:  
Albany College of Pharmacy and Health Sciences  
Dept. of Health Sciences, Attention Deborah Lohiser  
106 New Scotland Avenue  
Albany, N.Y. 12208-3492  
Fax: (518) 694-7064

Name: \_\_\_\_\_

Laboratory/Program: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Email address: \_\_\_\_\_

I am a Cytotechnologist and plan to participate in this online review course at a cost of \$250:

I am a student Cytotechnologist and plan to participate in this online review course at a cost of \$175

I am a clinical affiliate of ACPHS and plan to participate in this online review course, using \$250 in vouchers

I will be using  Visa  
 MasterCard

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

*I authorize Albany College of Pharmacy and Health Sciences to charge:*

\$ \_\_\_\_\_ *to the above credit card.*

\_\_\_\_\_  
*Signature*

Questions: [deborah.lohiser@acphs.edu](mailto:deborah.lohiser@acphs.edu) or 518.694.7236