**What:** New York State Part III Pharmacy Board Exam Review

**When:** Sunday, December 17, 2017 and Monday December 18, 2017

**Where:** Albany College of Pharmacy and Health Sciences, 106 New Scotland Ave., O’Brien Building Lab 009, OB 004 and O’Brien Building 110, Albany, NY 12208-3492

Albany College of Pharmacy and Health Sciences will be offering a Board Review Session for preparation to take Part III of the NYS Board Exam scheduled for January, 2018.

**Part III (written) includes:**
- Overview and study guidelines for the written exam
- Errors and Omissions; LookALike/SoundALike (LASA) drugs; Patient Profiles (Read Powerpoint) – (written mock tests online and onsite)

**Part III (compounding) includes:**
- Calculation review and guidelines for studying; video compounding tools
- Practice compounding exam under Board conditions
- Correction and review of performance

**Registration:** Registration fee is $275.00 for ACPHS students and $350.00 for non-ACPHS students. The deadline is December 1, 2017. The registration fee includes tuition, handouts, online access and laboratory materials.

Payment is required at the time of registration. Seats will not be saved pending receipt of registration and fee. Registrations will not be taken over the phone or by e-mail.

**PLEASE NOTE:** Seating is limited to 64 candidates and registration is taken on a first-come, first-served basis.

**Cancellations and Refunds:** Refunds, less a $30 administrative fee, will be issued for cancellations received before Noon on December 1, 2017. Cancellations received after that time will not be eligible for refund.

Albany College of Pharmacy and Health Sciences reserves the right to cancel a program due to factors such as inclement weather. Should inclement weather occur, an alternate make-up date will be offered.
New York State Part III
Pharmacy Board Exam Review – Program Schedule

Sunday, December 17, 2017

12:30pm – 12:45pm  **Registration** (OB 110)

12:45pm – 1:00pm  **Welcome** *(Boyd)*

1:00pm – 2:30pm  **Orientation to Part III Compounding** *(Obos)*

2:30pm – 2:45pm  **Break**

2:45pm – 4:00pm  **Orientation to Part III Compounding** *(Obos)*

4:00pm – 5:00pm  **Written Part III Exam LASAs/E&Os/Profiles** *(OB 110)(Boyd)*

Simulated “mock” written exam — in a testing environment – must review pre-work prior to session (Usually have 3 hours, most are done with MOCK in 60 minutes or less)

Monday, December 18, 2017

7:45am – 8:00am  **Registration** (OB 009 & 004)

8:00am – 11:00am  **Mock Wet Lab EXAM** *(OB 009 & OB004)*  
*Pharmacy Practice Faculty*  
- Conducted under simulated conditions of actual exam  
- Oral dosage form  
- Topical dosage form  
- Parenteral dosage form

11:00am – 1:00pm  **Lunch – on own** *(12:45pm-1:00pm Return Mock Wet Lab Exam)*

1:00pm – 4:00pm  **Mock Wet Lab EXAM Review** *(OB 110)*  
*Pharmacy Practice Faculty*

4:00pm – 4:15pm  **Break** – return Mock Written Exam

4:15pm – 5:00pm  **Q & A: Part III Profiles/LASA/Error and Omissions**  
*Obos/Boyd*
REGISTRATION
Sunday and Monday, December 17&18, 2017

Please fill out the following information and return to:
Albany College of Pharmacy and Health Sciences
Office of Continuing Education and Professional Development
106 New Scotland Ave. - Room 113 O’Brien Building
Albany, NY 12208
Fax: (518) 694-7202
E-mail: lori.kline@acphs.edu

Name __________________________________________________________ (please print or type)

Address _________________________________________________________

City/State/Zip __________________________________________________________________________

Phone (Day) ___________________________E-mail address: ______________________________

Pharmacy College_______________________Plan to take NYS Board Exam in: ☐ January; ☐ June

**IN THE EVENT OF INCLEMENT WEATHER, YOU WILL BE NOTIFIED VIA E-MAIL IF SESSIONS ARE CANCELED**

☐ ACPHS student / $275.00
☐ Non-ACPHS student / $350.00

Payment Information

☐ I have enclosed a check payable to Albany College of Pharmacy and Health Sciences for $___________
   Check # ________

I will be using: ☐ Visa ☐ MasterCard

Card # ___________________________ Exp. date ____________

Signature ____________________________________

I authorize Albany College of Pharmacy and Health Sciences to charge $_______________ to my credit card

The registration DEADLINE is December 1, 2017
Please contact Lori Kline in the Office of Continuing Education
and Professional Development with any questions.

Lori.Kline@acphs.edu