

Print First Name: _____ Last Name: _____



Pueblo
Community
College



Pharmacy Technician Application Form Spring – 2012

Application Instructions:

- 1) Applications are available September 10, 2011.
- 2) Deadline for submission is **November 30, 2011**.
- 3) **Place your initials in the space provided to indicate that you have read and understand each of the following statements.**
- 4) All **qualified** applicants will be eligible for enrollment in spring 2012 on a first come, first served basis. A **mandatory orientation session** will be held during the first week of class. _____(Initial)
- 5) **IT IS THE APPLICANTS RESPONSIBILITY TO ASSURE THAT THEIR PHONE NUMBER IS CURRENT.** _____(Initial)
- 6) If unable to contact student by phone and/or student does not respond within 14 days of conditional acceptance, the next applicant will be contacted. _____(Initial)
- 7) **IN ADDITION TO ACADEMIC REQUIREMENTS, STUDENTS ARE CONDITIONALLY ACCEPTED PENDING RESULTS OF MANDATORY *BACKGROUND CHECKS (\$59.00) AND *DRUG SCREENS (\$25.00).**
*The dates for these will be assigned later in the admission process. _____(Initial)
- 8) I understand that this program requires time outside of class to complete the clinical requirements for this certificate. _____(Initial)
- 9) **I understand that the Pharmacy Certificate Program does not qualify for Financial Aid.** _____(Initial)

Return Application Forms to:

Pueblo Community College, Health Professions, Kathy Stanko, MT 176
900 W. Orman Avenue, Pueblo, CO 81004

Date/Time Received: _____ Received by: _____



PHARMACY TECHNICIAN CERTIFICATE PROGRAM
APPLICATION FOR ADMISSIONS

NAME: _____
Last First Middle

DATE: _____ SID: _____

Maiden/Former Name(s): _____ E-Mail Address _____

Mailing Address: _____

City

State

Zip

Phone: _____

Home

Work

Emergency

If there is a change in address or phone number written notice must be made to Office of Admission and to the program.

Applicant Check List: Please \checkmark all items 1-3 before submitting application.

- _____ 1. Application to Pueblo Community College submitted.
- _____ 2. College Transcript and/or assessment scores. (*Attach copies*)
- _____ 3. Academic Requirements (*prerequisites*) Completed or in Progress

Indicate score, grade, or other college level courses completed with a "C" or above.

*** Students that have all of the prerequisites completed will be considered for priority admissions. Students who are in progress with prerequisites will be considered for admissions if openings are available upon completion of the courses and updated transcripts are submitted.**

Accuplacer: English (95) _____ or ENG 090 _____
 Reading (62) _____ or REA 060 _____
 Math (45EA) _____ or MAT 060 _____

Previous College experience may allow you to waive the Accuplacer test.



Due to a change in policy mandated by the State of Colorado, all students entering health programs at Pueblo Community College are now required to complete a Criminal Background Check (\$59.00) **before** admission to any Health Profession program. Applicants will be instructed to begin this process **after** they have been notified with a letter of conditional acceptance into their respective program. _____(Initial)

The Criminal Background Check **must** be completed within **14 days of conditional acceptance** for entrance into the program. Failure to meet this deadline will result in forfeiture of admission into the Pharmacy Classes. (*Don't do this early*). _____(Initial)

Most Health Occupation Boards have the right to withhold certification or licensure if the applicant is addicted or dependent on alcohol, or habit forming drugs, is a habitual user of controlled substances, or if the applicant has ever been convicted of a felony. Circumstances guide these decisions. Program requirements include background check (\$59.00), drug screen (\$25.00), current immunizations (MMR, TB, tetanus, and Hepatitis), current 2 year Health Care Provider CPR card and purchase of liability insurance from the PCC cashiers office (\$15.00). Specific information and our immunization form will be provided if you receive a letter of conditional acceptance. Our campus medical office, in room MT 118, can transfer your immunization information to our form. _____(Initial)

After receiving a letter of conditional acceptance, I understand that I am responsible for completing the background check, immunizations, HealthCare Provider CPR and liability insurance within 14 days before I will be eligible for enrollment in Pharmacy Technician classes. Kathy will be collecting this information and can enroll students in the appropriate classes. (You cannot enroll yourself). If you have questions about the completion of these requirements, contact Kathy Stanko at 549-3280. _____(Initial)

To the best of my knowledge and belief, the information I have given on this form is correct and can be verified. I have not withheld information that would affect my acceptance to the Pharmacy Technician Program. I have read and understand the instructions and process for admissions into the Pharmacy Technician Program. I understand that only complete applications with copies of College Transcripts and/or assessment scores attached will be considered. _____(Initial)

APPLICANT'S
SIGNATURE: _____ DATE: _____

Completion of this form does not constitute admission to the program. Students will be notified by letter if they are accepted or denied acceptance into the program.

NOTICE OF NON-DISCRIMINATION STATEMENT

Pueblo Community College is an equal-opportunity educational institution which does not discriminate on the basis of age, race, religion, color, national origin, sex, or disability in its activities, programs, or employment practices as required by Title VI, Title IX, Section 504, Age Discrimination Act, and Title II of the ADA.