



Pharmacy Technician Application Form

*Return Application Forms to:
Pueblo Community College
Health and Public Safety Division
Bonnie Housh MT 172 or Marcella Noriega MT 176
900 W. Orman Avenue, Pueblo, CO 81004*

Dates of Application

**Pharmacy Technician program will only be offered for the Fall semester
Applications Submission dates May 1 to July 15**

Applicant's Name _____
(Please print)

**Completion of this form does not constitute admission to the program.
Students will be notified by phone and/or letter if they are accepted,
placed on alternate list or denied for 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.

If you have questions about the completion of this application, requirements, and qualifications please contact Bonnie Housh @ 549-3198

Application Received by: _____ **on** _____ **@** _____



Pharmacy Technician Certificate Program Application for Admission

NAME: _____
Last First Middle

DATE: _____ Student ID: _____

E-Mail Address _____

Mailing Address: _____

_____ City State Zip
Phone: _____
Home Cell Emergency

If there is a change in address or phone numbers please give written notice to Program Coordinator.

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

- _____ 1. Completed and signed application to Pueblo Community College and Pharmacy Technician Program (pages 1-4).
- _____ 2. Unofficial college transcript and/or assessment scores (**Copies must be attached**)
- _____ 3. Academic Requirements (*prerequisites*) Completed or in Progress

PROGRAM PERQUISITES

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

English SS 95+ or CCPT exam exemptions or successful completion of CCR 092 or higher _____

Reading RC 62+ or CCPT exam exemptions or successful completion of CCR 092 or higher _____

Math EA 45+ or CCPT exam exemptions or successful completion of MAT 050 or higher _____

* **NOTE:** 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.**

* Previous College experience may allow you to waive the Accuplacer or CCPT exams.

Complete the following:

Write your initials in each space provided to indicate that you have read and understand each of the following statements:

- _____1. It is the applicant's responsibility to assure that their phone number and address are current. If the program coordinator is unable to contact the student by phone and/or student does not respond within 7 business days of conditional acceptance, the next applicant will be contacted.
- _____2. **Qualified** applicants will be conditionally accepted for enrollment, up to the class limit (20).
- _____3. I understand that the 13 credit (5 courses) Pharmacy Technician Certificate Program **does not qualify for Financial Aid.**
- _____4. I understand an internship course is required for this program and that I am required to complete a minimum of 60 hrs at clinic sites outside of regular class time. Clinical rotations are scheduled by the course instructor.
- _____5. I understand that after I am conditionally accepted I must pass a background check and drug screen which includes marijuana. The program coordinator will register you in program courses.
- _____6. If you receive a letter of CONDITIONAL ACCEPTANCE, you will also receive information regarding specific dates/times to complete the following: background check, drug screen, immunizations, HealthCare Provider CPR, online payment agreement and liability insurance. The program coordinator will be collecting this information in MT 172 and will enroll students in the appropriate classes after you have successfully passed background check and drug screen. **(You cannot enroll yourself)**. If you have questions about the completion of these requirements, contact the Bonnie Housh @ 549-3198.
- _____7. I understand that my immunizations **must be** transferred to the PCC health form. This **must be** completed by the PCC Health Clinic in Room MT 118 (549-3318). The form will be sent out with the conditional acceptance letter.
- _____8. I understand I will be required to wear scrubs to class and clinic sites.
- _____9. I have read and signed Pharmacy Essential Functions form on page 4.
- _____10. I understand I am required to attend a **MANDATORY ORIENTATION**. You will be notified of date, time and place in letter of conditionally acceptance.
- _____11. 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 understand the process for admissions into the Pharmacy Technician Program.
- _____12. I have read and understood the application instructions, requirements, and qualifications for this program. **I understand that only completed applications will be accepted, which includes full completion of this application, attached copies of all unofficial transcripts and/or placement scores.**

APPLICANT'S
SIGNATURE: _____

DATE: _____



PUEBLO COMMUNITY COLLEGE
Pharmacy Technician - Health Professions & Public Safety Division
Essential Functions Acknowledgement Form

All students must be able to perform essential functions of the curriculum. In addition to the general admission criteria required by the college, pharmacy students must be able to:

- Use digital fine motor skills with both hands continually throughout the day.
- See clearly enough to read hand-written and computer-generated communications
- Work standing on their feet for the majority of the day.
- Walk to and from patient service area of the hospital or retail pharmacy for the majority of the day.
- Write and speak to patients and staff effectively.
- Interact appropriately with patients, physicians, peers, and supervisor.
- Use good judgment to seek assistance when needed.
- Lift a minimum of 25 pounds unassisted.
- Apply safety and infection control standards learned in the program to maintain a safe and clean environment for patients and self.

_____ I have read and I understand the physical Performance Standards specific to the occupation of Pharmacy Technician.

_____ I have the ability to meet the Physical Performance Standards as specified.

(Signed)

(Date)