S A M P L E   APPLICATION

FOOTHILL COLLEGE PHARMACY TECHNICIAN

NAME: _____   _____   _____

        Last   First   Middle

Foothill Student **CWID Number (required):** _____

If you don't have a FH ID number, you will need to register at: **http://www.foothill.edu/admissions.php**

There is no cost involved to register for the college.

Please list any other name(s) by which you have been known:

_____   _____

_____   _____   _____   _____

Address   City   State   Zip

_____   _____

Home Phone   Cell Phone

Valid Email Address: _____

Have you previously applied to the Foothill College Pharmacy Technician Program?   Yes   No

Indicate year(s) of previous applications: _____

Have you previously attended any other Pharmacy Technician Programs?   Yes   No

If yes, list the school and the reason you left the program: School Name: _____

Reason: _____

PRIOR EDUCATION

High School from which you graduated: _____ Year: _____

(If you received your HS Diploma/degree outside of the United States, please indicate the City and Country received.)

Please list the name, starting and ending dates, and any degrees or certificates, for **all** colleges, universities, technical and vocational schools attended. You must include colleges in which courses were attempted although they may not have been completed: **Do not leave this area blank if you attended any post-secondary education institutions.**

	Name of School	City and State	Dates Attended	Degree/s Received
1				
2				
3				
4				
5				
6				

FOOTHILL COLLEGE PHARMACY TECHNICIAN ADMISSION WORKSHEET

Directions: You can use this worksheet to see if you have you met the prerequisites for application to the program.

PREREQUISITE COURSES (Must be completed with a "C" grade or better by the time the program begins)

	Equivalent Course #	School (High School or College)	Sem/Qtr	Year (YY)	Units	Grade
High School Graduation/ GED Or Equivalency						
BIOL 14 (Human Biol) or equivalent; as high school biology)	Other:					
MATH 180 or MATH 105 or equivalent; high school Interm. Algebra or Math Placement Test	Other:					
English Proficiency: ESLL 236 & 237 or ENGL 1A, 1AH, 1S & 1T, or equivalent; US high school English or English Placement test	Other:					
PHT 200L (Pharmacy Technician as a Career)*		Foothill College				
List Cumulative College GPA*						

Have you completed the above prerequisites? **Yes ___   In Progress ___** (*You can be "in progress (IP)" status to*

submit this application but must complete the pre-requisites by the time the program begins in Fall quarter.)

Are you interested in receiving ONLY the Pharmacy Technician Certificate of Completion? **Yes ___   No ___**

Have you completed Foothill's General Education Requirements? **Yes ___   No ___   In Progress ___** (*You do not need to complete General Education Requirements to earn a Certificate of Achievement in Pharmacy Technology. You may elect to complete GE requirements after acquiring your certificate to earn an AS Degree in Pharmacy Technology.*)

TECHNICAL STANDARDS FOR THE FOOTHILL COLLEGE

PHARMACY TECHNICIAN PROGRAM

The following statements identify the technical standards needed for the pharmacy technician and for students enrolled in the Foothill College Pharmacy Technician Program.

The Pharmacy Technician/ student must possess sufficient strength, motor coordination and manual dexterity. Please answer the following questions.

1. Are you able to stand for 67-100% of work time?   Yes   No

2. Are you able to walk 67- 100 % of work time?   Yes   No

3. Are you able to lift 20 lbs. for 67-100 % of work time?   Yes   No

4. Are you able to lift 20-40 lbs. for 34-66 % of work time?   Yes   No

5. Are you able to bend 1-33 % of work time?   Yes   No

6. Are you able to reach above your shoulder level   Yes   No

    intermittently for 90 % of your work time?

If you cannot perform one or more of the technical standards identified above, you will have difficulty performing the jobs required of a pharmacy technician. **Please explain any difficulties you might have below.**

Typing Proficiency

Please rate your keyboarding skills. Typing proficiency is an important component of prescription processing. Industry standards require the Pharmacy Technician to be able to type at least 35 wpm. Select one of the options below.

Good (35 wpm or higher)

Fair (35-25 wpm)

Poor (less than 25 wpm)

PERSONAL STATEMENT QUESTIONS

What is your motivation for pursuing a career in Pharmacy Technology? Be sure to indicate why you would like to become a Pharmacy Technician. (**120 word minimum, no maximum word limit)**

Pharmacy is a "service" health profession making customer service is a key element when providing patient care. We have all experienced good customer service and poor customer service in a variety of settings. Please share a situation where you encountered poor customer service and what you learned from the interaction. Explain how it has affected you and what you will do differently to always provide the best customer service to patients and other health professionals you interact with. (**200 word minimum, no maximum word limit**)

Please share an experience where you had to rely on teamwork and/or exercise good communication skills to accomplish a task. Why do you believe teamwork and having good communication skills are essential within the pharmacy profession? (**200 word minimum, no maximum word limit)**

What was the most difficult period in your life? How did you overcome this adversity and what did you learn from it? (**200 word minimum, no maximum word limit**)

5

If you're unable to obtain any transcripts, please explain why.

If there is anything else you'd like to include with your application you're welcome to type it below or attach any pdf document on the Checklist page.

BACKGROUND SCREENING, POLICY AND PROCEDURE

To comply with JCAHO, state and local regulations regarding background checks for healthcare providers, the Foothill College DMS, RSPT, RTT, PHT and RT program students will be required to undergo a background investigation. DMS, RSPT, RTT, PHT and RT program students must have clear criminal background checks to participate in placements in clinical facilities. The background check is not a requirement for admission to a program and will be completed after an invitation for admission is received. Background screening is required for registration in the clinical courses*.

Background investigations must minimally include the following:

- Social Security Verification
- Criminal Search (seven years or up to five criminal searches)
- Employment Verification (last two employers)
- Violent Sexual Offender and Predator Registry Search
- HHS/OIG List of Excluded Individuals/Entities (http://exclusions.oig.hhs.gov/search.html)
- GSA List of Parties Excluded from Federal Programs (http://epls.arnet.gov/).
- Seven years history
- Address verification
- Two names (current legal and one other name)
- Three counties

These requirements may be expanded due to additional requirements, which may come from hospital/clinical facilities at any time.

Students may not be able to attend clinical facilities for felonies and some misdemeanors.

In addition, students may be denied access to clinical facilities based on offenses appearing on the criminal record, which may have occurred more than seven years ago.

Students must provide clinical facilities with information allowing the clinical facility (and school as necessary) access to the background check. If the students record is not clear, the student will be responsible for obtaining documents and having the record corrected to clear it. If this is not possible, the student will be unable to attend the clinical portion of the program. If a student cannot complete the clinical training during the time it appears in the curriculum, a student may not be allowed to complete the program requirements.

If after reviewing the background screening, a clinical site determines that a student does not meet security standards, the student will be ineligible for mandatory clinical rotations and either be denied admission to clinical portion of the program. The school is not obligated to make special accommodations and will not find an alternative clinical site if there is a problem with a student's background screening. It is the responsibility of the student to provide/bring the background screening to the clinical site.

PHARMACY TECHNICIAN APPLICATION CHECKLIST

✓	Please make a ✓ or **attach** the documents in the available box/es to insure you have completed everything in your application. **Note:** the documents you upload must be PDF files.
	I fully read the Pharmacy Technician Online Application Instructions before applying. **(Required**)
	I accurately filled the Pharmacy Technician Online Application. **(Required)**
	I am able to comply with the technical standards and I understand that failure to perform any of these standards may be cause for action by the program in accordance with the policies and procedures of the Pharmacy Technician Student Handbook, including dismissal. **(Required)**
	I have read and understand the Foothill College Background Screening, Policy and Procedure. I understand that Foothill College is not responsible for either the accuracy of screening results or any agencies' determination, if any, as to whether I will be permitted to participate in clinical rotations. I also understand the Foothill College policy and procedure may be, at any time, expanded due to clinical facilities developing new requirements. I recognize that background screening results can impact my receiving a clinical site, completing program requirements or gaining a license to practice upon graduation. **(Required)**
	If accepted into this program, I will abide by all the program policies and procedures. I certify that the statements and information in this application are true and complete to the best of my knowledge. **(Required)**
	I've ordered official electronic transcripts from all colleges and universities attended. The transcripts should be sent directly to Foothill College Admissions and Records. **(Required)** **Note:** You don't have to order Foothill and De Anza college transcripts. If your college does not offer official electronic transcripts, please order official transcripts and have them mailed directly to Foothill College Admissions and Records.
	Other: Attach any other documents that may need to be considered with your application, such as: course petitions, reciprocity agreements, CSU/IGETC, or local non-transfer GE pattern completion, or any other documentation you want to include.

Please review your application thoroughly, before signing it.

Signing the application will submit your   application.

To submit your application, please sign it. No changes will be allowed after you have signed the application. Applicants may submit one application per year. Please make sure to review your application thoroughly, for accuracy. This is very important.

You will be emailed a copy of the application, for your records. Please review the email you have provided.

My signature verifies the accuracy of my application:

_____   _____   _____

Signature   Printed Name   Date