

FOOTHILL COLLEGE PHARMACY TECHNICIAN APPLICATION

NAME:			
Last	First	Middle	
Foothill Student CWID Numbe	er (required):		
f you don't have a FH ID num	ber, you will need to register at: http://www.foot	hill.edu/adn	nissions.php
There is no cost involved to re	egister for the college.		
Please list any other name(s) l	by which you have been known:		
,			
Address	City	State	Zip
Home Phone	Cell Phone		
Valid Email Address:			
Have you previously applied t	o the Foothill College Pharmacy Technician Program?	Yes	No
have you previously applied t		105	110
Indicate year(s) of previous ap	oplications:		
Have you previously attended	any other Pharmacy Technician Programs?	Yes	No
If yes, list the school and the r	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 where you've received it)

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

	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.

	Equivalent Course #	School (High School or College)	Sem/Qtr	Year (YY)	Units	Grade
High School						
Graduation/GED						
Or Equivalency						
BIO 10 (or higher), or						
High School Biology, or Biology Placement test						
blology Flacement test	Other:					
Math 220 Algebra (or						
higher), or High School						
Algebra, or Math						
Placement Test	Other:					
English 110 eligibility						
(or higher), or ESLL 25, or English Placement						
Test	Other:					
PHT 200L (Pharmacy						
Technician as a		Foothill College				
Career)*						
List Cumulative College GPA*						

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

Have you completed the above prerequisites? Yes ____ In Progress ____ (You <u>must</u> complete them before starting the program.)

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 <u>must</u> complete them to be eligible to receive a Pharmacy Technician Associate's Degree.)



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

Please tell us about yourself and explain why you are applying to our Pharmacy Technician Program. Be sure to indicate what your future plans are in this profession.

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 (<u>http://exclusions.oig.hhs.gov/search.html</u>)
- GSA List of Parties Excluded from Federal Programs (<u>http://epls.arnet.gov/).</u>
- 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

\checkmark	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