

Pharmacy Technician Application

Before filling out the Pharmacy Technician Application, please carefully read the Pharmacy Technician

Application Instructions. Applicant Information (please print or type clearly)

First Name _____	Last Name _____
Former Name(s) _____	Birth Date _____
WVC Student ID _____	Email _____
Mailing Address _____	
Number & Street (Include Apartment Number)	
City	State
Zip	
Telephone _____	
Day	Evening

One-year (Four Quarter)Certificate General Requirements & Prerequisites

Please review the general requirements below and ensure you can check off each requirement:

- Apply for admissions to WVC
- You must be 18 by the start of the clinicals to apply
- Attach sealed, official high school transcript or GED transcript
- Pay a non-refundable acceptance fee by the designated deadline

Proof of CPR for the Healthcare Provider, HIV/AIDS certificate and other required immunizations will be required by the last day of the first quarter.

Associate in Applied Science-Transfer General Requirements	College (WVC)	Dept & Course # (ENGL 101)	Quarter & Year (Fall 19)	Grade (B+)
<ul style="list-style-type: none"> ENGL&101 Composition-General (5 credits) MATH&107 Math in Society (5 credits) PSYC&100 General Psychology (5 credits) BIOL&100 Survey of Biology (5 credits) 				
<ul style="list-style-type: none"> CMST&210 Interpersonal Communications (5 credits) or CMST&220 Public Speaking (5 credits) ENGL&235 Technical Writing (5 credits) 				
<ul style="list-style-type: none"> SOC&101 Introduction to Society (5 credits) 				

Return completed applications to the Pharmacy Technician Director

If one or more requirement/prerequisite will not be met, please explain below.

Academic History

List the high school where you earned your diploma. Or, if you completed the GED, write in "High School Equivalency Completion Certificate".

Name of High School (example: Wenatchee High School)

List all colleges and universities where you have earned credit, including WVC. List the most recent first.

Name of School (example: Wenatchee Valley College)	Exact Dates Attended (example: 9/2011-12/2013)
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Name of School	Dates Attended
Name of School	Dates Attended

Please Initial

If you are unable to initial any of the below items, please explain in the space provided.

- _____ I understand I will be required to successfully pass a national background check.
- _____ I understand certain crimes can disqualify me from attending clinical sites and finishing the program
- _____ I have attached (or mailed) a copy of my sealed, official high school transcript or my GED transcript.
- _____ I have attached (or mailed) copies of all my sealed, official college transcripts (excluding WVC).
- _____ I understand immunizations, CPR and HIV/AIDS certificates will be required to be completed.

Certificate of Accuracy

By signing below, you certify that the information you have provided is accurate and that you have read and understood all information included in this application.

Signature _____ Date _____
You must sign by hand (a typed signature is not sufficient)

Printed Name _____