



Date Received _____

Pharmacy Technician Application

Due 3/31/2023

STUDENTS NOT RETURNING THE APPLICATION BY THE DEADLINE WILL BE MOVED TO PROVISIONAL STATUS.

There are limited openings for Pharmacy Technician students @ CATS

Student Name	Student DOB
Address:	Student Phone #
Student email:	Personal email:
Parent/Guardian's Name:	Parent phone: Parent email:

Students, please answer the following questions as completely as possible.

1. What careers or occupations have you considered exploring?

a. _____

b. _____

2. Please include all Health Science CLASSES you have taken, the TEACHER you had, and your final GRADE. If you have not taken the class yet, but have registered to take it for next year, indicate that below as well.

Class	Teacher	Grade
HS1		
HS2		
Biomed Tech		
Foundations of HS		

THE REMAINDER OF THE APPLICATION INCLUDES RESPONSES FOR PARENTS/GUARDIANS.* Their signature (along with the applicant's) is **REQUIRED. Both parties should read the remainder of the application in its entirety!*

Parent Responses Please Initial

3. Do you give parental approval for this course?	Yes _____ No _____
4. Do you grant permission for your son/daughter to participate in instructional activities located at selected pharmacies?	Yes _____ No _____
5. Please select the appropriate response below:	
A. Will you be able to purchase the uniform(s) for your child to wear while in the clinical site (estimated cost \$30-\$40/set if purchased through school)? Royal Blue Cherokee Brand Scrubs	Yes _____ No _____
B. Will you agree to your student having a background check, and urine drug screen?	Yes _____ No _____
C. Will you agree to attend a parent meeting? (required)	Yes _____ No _____
D. Will you agree to provide a vaccination record of your student's required vaccinations?	Yes _____ No _____
E. Will you agree for your student to be vaccinated against COVID prior to clinical or submit a medical or religious exemption to be reviewed by the facility for approval or denial? This is not ISS decision!	Yes _____ No _____
F. Do you understand your student must provide their own transportation to selected pharmacies? (Or be able to arrange transportation, with appropriate permissions, with another student.) Buses do not transport to clinical facilities.	Yes _____ No _____
G. Will you ensure that your student has accident insurance?	Yes _____ No _____

Student Response Please Initial

6. Do you participate in any sport?	Yes _____ No _____
6a. Which sport? Which semester? (leave blank if not applicable)	_____ Semester _____
6b. If yes, will this sport interfere with your participation and success in Pharmacy Technician class? (leave blank if not applicable)	Yes _____ No _____

<p>** If you have to leave early or miss class due to sports, the time missed counts against your maximum 18 hours allowed.</p>	
<p>7. Are you or will you be involved in ANY school-sanctioned activities which may result in your missing time in Pharmacy technician class (such as, but not limited to: pep rallies, prom preparations, competitions or performances, field trips (including Senior trip), club meetings, band, chorus, and club obligations?</p>	<p>Yes _____ No _____</p>
<p>7a. If your answer is "yes," explain what you will be doing:</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>8. Do you have a semester preference? If offered more than one time a year. (not guaranteed, but considered)</p>	<p>Yes _____ No _____</p> <p>Spring: _____</p> <p>Fall: _____</p>

Student AND Parent Response Please Initial

<p>9. Do you understand that you may not be able to participate in field trips in other classes because of your commitment to Pharmacy Technician class? Time missed with field trips count against allowed missed time for the class. See #10.</p>	<p>S: Yes _____ No _____</p> <p>P: Yes _____ No _____</p>
<p>10. Do you understand that you will be allowed to miss a MAXIMUM OF 18 HOURS in this class, and that this time includes absences for ANY reason, tardiness, early dismissals, school-sanctioned field trips/activities, etc. Only senior activities such as senior pictures are excused (senior skip day is not excused)</p>	<p>S: Yes _____ No _____</p> <p>P: Yes _____ No _____</p>
<p>11. Do you understand that you will be wearing your scrubs outfit EVERYDAY, whether at clinical facilities or CATS? You will be expected to have them within two weeks of the beginning of the semester.</p>	<p>S: Yes _____ No _____</p> <p>P: Yes _____ No _____</p>
<p>12. Do you understand your failure of the either the background check or the drug screening could result in immediate dismissal from the program.</p> <p><i>Please sign, date and return the attached permission slip for the background check/drug screen with the application. A background check will be completed at the beginning of either the fall or spring semester, whichever you are accepted in.</i></p>	<p>S: Yes _____ No _____</p> <p>P: Yes _____ No _____</p>
<p>13. Do you understand you may be required to wear a mask in the pharmacies during your clinical externship?</p>	<p>Yes _____ No _____</p>

Please ask 2 teachers to complete the letters of recommendation and submit them directly to Pharmacy Technician Committee at CATS.

Pharmacy Technician gives students the opportunity to obtain knowledge and learn necessary skills to sit for the Pharmacy Technician Certification Board Exam. In order to meet those requirements, students must spend an appropriate amount of time in the class lab setting and in the clinical facilities and have appropriate grades and skill levels.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



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Pharmacy Technician Application Checklist

Due to the Pharmacy Technician Committee at CATS by **3/31/23**. Please send all of the following in one submittal (if possible) by the date above.

Mail: 350 Old Murdock Rd. Troutman, NC 28166 (or hand deliver).

FAX: 704-978-2792 attention to Jamie Head

Email: Jamie_head@iss.k12.nc.us

_____ Application (this document) make sure all is signed

_____ Immunization record

_____ 3 Hepatitis B Vaccines (optional)

_____ 2 MMR Vaccines (required)

_____ TDaP Booster within 10 years (not plain tetanus) (required)

_____ 2 Varicella (chicken pox) or documentation of immunity (required)

_____ Flu vaccine during flu season. (October-March) (required by facilities for clinical)

- Please realize if the health care facilities we use for clinical experience come under sanctions, we will have to find a different facility which may require other immunizations
- Other facility-required immunizations will be discussed as appropriate (Not due at this time.)

_____ Copy of driver's license or explanation of transportation plan

_____ Copy of current CPR card (If currently enrolled in HS2, please state)

_____ Description of car and license's plate number

_____ Signed background check/drug screen **(These will be performed in the class. Just need signature.)**

_____ 2 Teacher letters of recommendations (one from a math teacher & 1 from a CTE teacher), to be submitted directly by the teacher.

Health Sciences Education does not discriminate against gender, race, handicaps, limited English speaking persons, or diseases/disorders. **Let it be known that a requirement of the testing agency for PTCB is a valid Social Security Card. If students do not currently have one, it is a good idea to start the process of obtaining one. They must present this card to the evaluator at test time or they will not be allowed to sit for the exam.** This is not a requirement for the class, or Iredell-Statesville Schools, but of the testing agency for PTCB.

Pharmacy Technician Student Application Teacher Recommendation

Student Name: _____

Recommending teacher: Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Pharmacy Technician, Honors screening committee. The responses you provide **will not** be seen by the student and will be kept in strict confidence by the committee.

The Pharmacy Technician, Honors course prepares students to learn and apply their knowledge as they pursue a career as a Pharmacy Technician. This course will give students insight into the history and evolution of the career while preparing students with the skills necessary to be workforce ready. Upon completion of the program, students will be competent to take their National Certified Pharmacy Technician Exam. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. Our pharmacies require that participation be limited to those students who are mature enough to function in this complex environment with minimal supervision. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

	Weak		Average		Strong
• Responsible for homework, projects & assignments	1	2	3	4	5
• Mature in comparison to his/her classmates & others his/her age	1	2	3	4	5
• Respectful of teachers & other classmates; has a positive attitude	1	2	3	4	5
• Able & willing to follow instructions	1	2	3	4	5
• On task a high percentage of class time	1	2	3	4	5
• Comes to class on time & is well-prepared	1	2	3	4	5
• Actively participates & contributes to class	1	2	3	4	5
• Well-behaved & not a discipline problem	1	2	3	4	5
• Exhibits good problem-solving skills	1	2	3	4	5
• Honest, trustworthy	1	2	3	4	5
• Open to constructive criticism	1	2	3	4	5

Does this student have your recommendation for the Pharmacy Technician, Honors program?

_____ My highest recommendation

_____ My recommendation

_____ My recommendation with reservation (related comment should be written on back)

_____ I am undecided

_____ The applicant does not have my recommendation

Teacher Signature: _____ Date: _____

Teacher Name (Print): _____

Subject Area(s): _____

Please do not return this form to the student making the request. Return this recommendation to Pharmacy Technician Committee at CATS. To ensure confidentiality feel free to place this form in a sealed envelope.

Pharmacy Technician Student Application Teacher Recommendation

Student Name: _____

Recommending teacher: Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Pharmacy Technician, Honors screening committee. The responses you provide **will not** be seen by the student and will be kept in strict confidence by the committee.

The Pharmacy Technician, Honors course prepares students to learn and apply their knowledge as they pursue a career as a Pharmacy Technician. This course will give students insight into the history and evolution of the career while preparing students with the skills necessary to be workforce ready. Upon completion of the program, students will be competent to take their National Certified Pharmacy Technician Exam. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. Our pharmacies require that participation be limited to those students who are mature enough to function in this complex environment with minimal supervision. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

	Weak		Average		Strong
• Responsible for homework, projects & assignments	1	2	3	4	5
• Mature in comparison to his/her classmates & others his/her age	1	2	3	4	5
• Respectful of teachers & other classmates; has a positive attitude	1	2	3	4	5
• Able & willing to follow instructions	1	2	3	4	5
• On task a high percentage of class time	1	2	3	4	5
• Comes to class on time & is well-prepared	1	2	3	4	5
• Actively participates & contributes to class	1	2	3	4	5
• Well-behaved & not a discipline problem	1	2	3	4	5
• Exhibits good problem-solving skills	1	2	3	4	5
• Honest, trustworthy	1	2	3	4	5
• Open to constructive criticism	1	2	3	4	5

Does this student have your recommendation for the Nursing Fundamentals, Honors program?

_____ My highest recommendation

_____ My recommendation

_____ My recommendation with reservation (related comment should be written on back)

_____ I am undecided

_____ The applicant does not have my recommendation

Teacher Signature: _____ Date: _____

Teacher Name (Print): _____

Subject Area(s): _____

Please do not return this form to the student making the request. Return this recommendation to Pharmacy Technician Committee at CATS. To ensure confidentiality feel free to place this form in a sealed envelope.

Drug Use & Criminal Record Information

Pharmacy Technician applicants will be required to have a criminal background check and a drug screen to satisfy the requirement of our clinical agencies. These requirements must be met before being allowed into the clinical facility. **This will be completed in the classroom and does not need to be completed prior to admission to the program.**

By signing the drug use and criminal record policy acknowledgement form, students and their parents/guardians agree to use the recommended service provider. They also give permission to allow the host facilities to have access to the results of the criminal background check and drug screen.

Pharmacy Technician applicants need to be aware that if the applicant has any drug use history or criminal record, felony, or misdemeanor, other than minor traffic violations, the applicant may not be allowed to begin clinical assignments or be eligible for licensure in the state of North Carolina. Any student accepted into the Pharmacy Technician Program would have to be “eligible” to be hired by any clinical facility.

Procedures for determining existence of any conviction of a crime/felony, other than a minor traffic violation or for drug screening, may be required by any clinical affiliate. A clinical affiliate may refuse to allow any student access to clinical experiences. Clinical experiences are required for completion of the Pharmacy Technician course. Therefore, if clinical experience is denied by the clinical affiliate, completion of the Pharmacy Technician program is not possible.

DRUG USE AND CRIMINAL RECORD POLICY

ACKNOWLEDGEMENT FORM

I have read and understand the Drug Screen/Criminal Record Background Check policy of Iredell Statesville Schools' Pharmacy Technician Program. My signature indicates my willingness to comply with the stated policy. This includes the release of the results of the criminal record and drug screen information to the host facilities.

Student Signature

Date

Parent Signature

Date