



Date Received _____

Pharmacy Technician Application

Due 3/31/24

**Students not returning the application by the deadline will be moved to provisional status. **

There are limited openings for Nursing Fundamentals' 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 if for next year, indicate that below as well.

Class	Teacher	Grade
HS1		
HS2		
Foundations of Health Care		
BioMed		
Math 3		

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 child 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)? Royal Blue	Yes _____ No _____
b. Will you agree to your child having a background check & urine drug screen? (Required to enter the facilities)	Yes _____ No _____
c. Will you agree for your child to be tested for TB? (Required for facilities)	Yes _____ No _____
d. Will you agree to attend a parent meeting? (Required)	Yes _____ No _____
f. Will you agree for your child to be vaccinated against Hepatitis B prior to clinical (only for students who have NOT had the vaccine) or sign a refusal form?	Yes _____ No _____
g. Will you agree for your student to be vaccinated against COVID prior to clinical (if not already) or submit a medical or religious exemption to be reviewed by the facility for approval or denial? This is not ISS decision.	Yes _____ No _____
h. Do you understand your child must provide their own transportation to clinical sites and CATS? (or be able to arrange transportation, with appropriate permissions) Buses are NOT an option since they do not arrive at CATS on time and must leave CATS campus before class dismissal time. Buses do not transport to clinical facilities.	Yes _____ No _____
i. Will you ensure that your child has accident insurance?	Yes _____ No _____

Student Responses. Please initial.

6. Do you have a job?	Yes _____ No _____
A. How many hours do you work each week? (leave blank if not applicable)	_____
B. If the job interferes, are you willing to cut your hours to succeed in Pharmacy Technician (leave blank if not applicable)	Yes _____ No _____
7. Do you participate in sports?	Yes _____ No _____
C. Which sport? Which semester? (you should not take this course with the same semester as your sport or you should state you need am class)	Yes _____ No _____
D. If yes, will this sport interfere with your participation and success in Pharmacy Technician?	Yes _____ No _____
8. Are you or will you be involved in ANY school-sanctioned activities which may result in you missing time in Nursing Fundamentals (such as, but not limited to: pep rallies, prom preparations, competitions or performances, field trips, club meetings, band, chorus, and club obligations?)	Yes _____ No _____
a. If your answer is “yes,“ explain what you will be doing.	

Student & Parent Response. Please initial.

10. Do you understand that you may not be able to participate in field trips in other classes because of your commitment to Pharmacy Technician?	S: Yes _____ No _____ P: Yes _____ No _____
11. Do you understand that you will be allowed to miss a MAXIMUM OF 6 days in this class, and that 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)	S: Yes _____ No _____ P: Yes _____ No _____
12. Do you understand that you will be wearing your scrubs EVERYDAY, whether at clinical facilities or CATS? You will be expected to have them within two weeks of the beginning of the semester.	S: Yes _____ No _____ P: Yes _____ No _____
13. Do you understand your failure of either the background check or the drug screening will result in immediate dismissal from the program.	S: Yes _____ No _____ P: Yes _____ No _____
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.	

14. Do you understand that you may be required to wear a mask in the clinical settings during clinical?

S: Yes _____ No _____

P: Yes _____ No _____

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

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

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



Pharmacy Technician Application Checklist

Due to the Pharmacy Technician Committee at CATS by **3/31/24**. 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)

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 (Oct-March) (required by facilities)

_____ COVID vaccines (if immunized)

_____ 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 plate number

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

_____ 2 teacher letters of recommendations (one must be from CTE teacher), to be submitted directly by the teacher

_____ Original social security card (not a copy, not laminated and not signed by your parent) Please do NOT send this in. Just locate for state testing purposes. **Let it be known that a requirement of the testing agency for CNA 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.**

_____ Government issued ID for testing purposes.

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 screening committee. The responses you provide **will not** be seen by the student and will be kept confidential by the committee.

The Pharmacy Technician courses are designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in clinical rotations in a clinical healthcare setting. This is a serious responsibility because these students will be in direct contact with patients and healthcare professionals. The safety of patients as well as students is imperative. Our clinical sites, including the nursing home, 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 and 5 the strongest, please rate this student on the following characteristics:

- | | | | | | |
|--|---|---|---|---|---|
| • 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 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 the Pharmacy Technician Committee at CATS. To ensure confidentiality feel free to place this form in a sealed envelope.

Pharmacy Technician Student Application Teacher Recommendation

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- | | | | | | |
|--|---|---|---|---|---|
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| • 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 |

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Teacher Signature: _____ Date: _____

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Subject Area(s): _____

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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 the 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