

**Johnson County Community College – Continuing Education  
Pharmacy Technician Certificate Program**

Application for Admission

**REQUIRED: Application should be returned with a copy of one or more of the following: Resume/Unofficial Transcript/Professional Reference Letter.**

**Applications that are not signed, typed or neatly handwritten and accompanied by a resume, transcript and/or reference letter will not be considered for interview.**

Name:		Date of Birth:	
Address:	City:	State:	ZIP:
Home Phone:	Work Phone:	Cell Phone:	
Email Address:		Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male
I am working with a Workforce Partnership location: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Education:**

Degrees:
Areas of Study:
Credentials:
Certificates:
High School Diploma:    YES <input type="checkbox"/> NO <input type="checkbox"/> GED <input type="checkbox"/>

**Professional/Work Experiences – List Last Three Positions**

Company:
Position/Title:
Responsibilities:
Dates of Employment:

Company:
Position/Title:
Responsibilities:
Dates of Employment:

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Position/Title:
Responsibilities:
Dates of Employment:

**What experience do you have working in the Healthcare field that is not listed above?**

**Please explain why you think you would be successful in the Pharmacy Technician Profession? Please include personal attributes, skills, former training or experience.**

Have you had an Anatomy and Physiology Course of at least 3 Credit hours? (If yes, include transcript) YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you successfully completed high school Algebra I with a grade B or higher? (If yes, include transcript) YES <input type="checkbox"/> NO <input type="checkbox"/>
How comfortable are you using a computer? Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all <input type="checkbox"/>
How you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>

**Signature:** \_\_\_\_\_

**Date:**

**Please mail the completed form and other supportive documentation to:**

JCCC  
Box 26, Kathy Gill  
12345 College Blvd, Overland Park, KS 66210  
(or scan and email to kgill1@jccc.edu)