

**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:
Phone:	E-Mail Address:		
I am working with a Workforce Partnership location: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Education:**

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

**Professional/Work Experiences – 1-2 Most Recent Positions**

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

Company:
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 Worked In The Healthcare Field: YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you had e Medical Terminology course? (If yes, include transcript) YES <input type="checkbox"/> NO <input type="checkbox"/>
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 scan and e-mail the completed form and other supportive documentation to:**

[healthcare@jccc.edu](mailto:healthcare@jccc.edu)

JCCC CE Healthcare Programs, Box 26  
12345 College Blvd, Overland Park, KS 66210