



# Application for Admission

## PHARMACY TECHNICIAN

Jefferson College Workforce & Employment Services • 1000 Viking Drive • Hillsboro, MO 63050-2441  
(636) 481-3143 • TDD (636) 789-5772 • www.jeffco.edu

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LAST FIRST MI PREVIOUS NAME

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CURRENT ADDRESS CITY, STATE, ZIP CODE

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SOCIAL SECURITY NUMBER DATE OF BIRTH EMAIL

Do you have a high school diploma? Yes  No  HiSET Yes  No  Please attach copy with application.

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HOME PHONE NUMBER CELL PHONE NUMBER

*It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.*

## THE ESSENTIAL FUNCTIONS OF THE PHARMACY TECHNICIAN

Satisfactory completion of the Jefferson College Pharmacy Technician Program is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to successfully perform the essential functions necessary in the role of the Pharmacy Technician.

Following appropriate instruction and supervision of the charge personnel, the student will at a minimum:

- Accurately and efficiently prepare prescription orders
- Verify prescription information and dosage
- Enter patient and order information into the pharmacy system
- Process and submit health insurance claims
- Answer telephones, responding to questions or requests
- Maintain proper storage and security conditions for drugs
- Provide quality customer service to patients and other healthcare providers
- Adhere to protocols involved in the protection of patient confidentiality and demonstrate knowledge of HIPPA

Do you believe you would be able to perform the above listed essential functions, which are necessary in the role of a Pharmacy Technician for which you are applying?    YES    NO

*If you answered NO to the above, are there any reasonable accommodations that you believe can be made that would permit you to perform the essential functions necessary in the role of a Pharmacy Technician? Please answer in the space provided below.*

**I have read the above statement and have answered to the best of my knowledge,**

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Signature of Applicant

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Date

***In order to have a complete file, you must read and sign this form and return it to the Jefferson College Workforce and Employment Services Office with the completed Pharmacy Technician application.***

Please complete the following:

- 1) Do you have any prior experience working in the health care/pharmaceutical industry?  Yes  No  
If yes, please provide a brief summary of your experience:

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- 2) Do you have any personal experience related to the health care/pharmaceutical industry?  Yes  No  
If yes, please provide a brief summary of your personal experience:

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- 3) Please list any science-related courses you have previously successfully completed, including in high school:

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- 4) Do you have sufficient access to a personal computer/internet to complete course requirements?  Yes  No  
If no, how do you plan to complete this course?

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- 5) Are you proficient:

- a. using a personal computer? Yes \_\_\_\_ No \_\_\_\_  
b. in Microsoft Word? Yes \_\_\_\_ No \_\_\_\_  
c. In Microsoft Excel? Yes \_\_\_\_ No \_\_\_\_

- 6) Do you understand this course will require a 200 hour UNPAID externship?  Yes  No

# Jefferson College Application for Admission Pharmacy Technician

## EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Please make sure that all sections of this application are complete with accurate up-to-date information.

Contact the Continuing Education Department with change of address.

***File Reviews will not be rated unless all admission information requested is in your file.***

## LIST THREE REFERENCES

List complete name & phone number below. All three must be on file before review.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer/Other: \_\_\_\_\_

Relationship of Reference (no family members): \_\_\_\_\_

## **NOTES:**

- 1). Three (3) letters of reference must be submitted in sealed envelopes with the MA application in order to be eligible for a review.**
- 2). Student may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course. Contact your local Missouri Job Center about funding options.**

