**Pharmacy Technology Application Form at Lone Star College-North Harris (LSC-NH)**

**17200 Red Oak Drive, Houston, TX 77090**

I am applying for: \_\_\_\_\_Fall Program \_\_\_\_\_Spring Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Plan: \_\_\_\_\_Certificate (1 year) \_\_\_\_\_AAS (2-year) \_\_\_\_\_Pharmacy School (6-year)

Academic Plan Detail: \_\_\_\_\_ Certificate Basic \_\_\_\_\_Certificate Advanced

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last (MM/DD/YEAR)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number & Street City State Zip Code

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Texas State Board of Pharmacy Status: \_\_\_\_\_Apply \_\_\_\_\_Certificate, expired on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (MM/DD/YEAR)

High School Completion: \_\_\_\_\_High School Graduate \_\_\_\_\_GED Equivalent Year: \_\_\_\_\_\_\_\_\_\_\_\_\_

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name City State

Have you ever attended Lone Star College? \_\_\_\_\_Yes, student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_No

Have you ever attended other College? \_\_\_\_\_Yes \_\_\_\_\_No If yes, list all other colleges attended:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your cumulative GPA? \_\_\_\_\_\_\_\_out of \_\_\_\_\_\_\_\_\_

Do you have a degree prior to joining this program? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, what is your prior degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other health care training? \_\_\_\_\_Yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_No

Do you plan to apply for financial aid? \_\_\_\_\_Yes \_\_\_\_\_No

Have you ever taken a TSI assessment? \_\_\_\_\_Yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_No

Are you a first-time college student? \_\_\_\_\_Yes, have you taken EDUC1300? Yes/No \_\_\_\_\_No

Are you currently working? \_\_\_\_\_Yes \_\_\_\_\_No If yes, where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your work pharmacy related? \_\_\_\_\_Yes \_\_\_\_\_No How many hours you work per week? \_\_\_\_\_\_\_\_

Please list your most recent job experience in the past 3 years:

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICIAL TRANSCRIPT: Each applicant is responsible to submit all previous transcripts to LSC and ensure that they are on file and submit an unofficial transcript to the program director of the pharmacy technology program.

**STATEMENT OF STUDENT’S RESPONSIBILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge the receipt of the Pharmacy Technology Program at LSC-NH enrollment packet which contains (1) policy and process for student recruitment; (2) applicant qualification; (3) program admission criteria; (4) background check, illicit drug use, and immunization status; (5) ADA policy for reasonable accommodation; (6) requirements and conditions for graduation; (7) important information about the program including (a) qualifications to enroll; (b) the purpose of the training program; (c) requirements for state registration or licensure as a pharmacy technician; (d) requirements for obtaining and maintaining national pharmacy technician certification; (e) programmatic and institutional accreditation status; (f) prospects for employment; (g) realistic salary expectations or referral to local, state, or national statistics for salary expectations; (h) total program cost; (i) program dismissal policy; (j) consequences of criminal conviction; (k) notice of potential ineligibility for license; (l) student internship code of conduct; and (m) graduate performance on national exams.

**I have read all of the above documents as a requirement before being enrolled into the program and I will comply with all of the program policy and procedure from the first day to the last day or until I graduate from this program. I understand that the purpose of this program is to prepare me for the National Pharmacy Technician Certification Examination to become a certified pharmacy technician.**

**I also certify that all information provided here is complete and correct. I acknowledge that deliberate omissions or falsifications may subject me to rejection of my application or dismissal from the program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature Date signed

***No application will be accepted unless all admission requirements have been met and no application will be considered unless all records are complete.***