



Certified Pharmacy Technician Program

Please submit to: Helena College – Continuing Education
1115 North Roberts St.
Helena, MT 59601
p.406-447-6946 f.406-447-6397

Please type or print legibly

Personal Information

Full Legal Name _____
LAST FIRST MIDDLE

Previous Name(s) _____
LAST FIRST MIDDLE

Current mailing address _____
STREET/PO BOX CITY STATE ZIP

Physical address (if different from above) _____
STREET CITY STATE ZIP

DAYTIME PHONE NUMBER _____ E-MAIL ADDRESS _____

Date of Birth _____ MM/DD/YYYY Social Security Number _____

Academic History

If you are a high school graduate, provide graduation _____
MO/YR SCHOOL NAME/LOCATION

If you have a GED or equivalent, please indicate date _____
MO/YR INSTITUTION/LOCATION

Students with Disabilities – Classroom Adjustments and Accommodations

Students with physical, cognitive, or learning disabilities who seek accommodations should contact Disability Services, located in Room 139, at 447-6952, or email (disabilityresources@HelenaCollege.edu). Only students registered with the Disability Resources Office are permitted accommodations. In order to ensure adjustments or accommodations are in place in a timely manner, you should register upon acceptance to the program. All information will be kept confidential.

Program Application Requirements

Along with this completed application, students should also submit:

- ESSAY – typed or neatly printed describing why you would like to become a pharmacy technician (min. 250 words)
- CURRENT PROFESSIONAL RESUME

Safety and Security

1. Have you ever been convicted of a felony? Yes No
2. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? Yes No
3. Have you been dismissed and/or suspended from an educational facility for disciplinary reasons? Yes No
4. Have you ever been required to register as a sexual or violent offender? Yes No
5. Have you ever been convicted of any offense that involved violence, such as assault, rape, child abuse, child molestation, or adult abuse? Yes No
6. Have you been convicted of any offense that involved embezzlement, fraud, theft, robbery, extortion, blackmail, or coercion? Yes No

**Answering yes to any of the above may or may not be cause for immediate rejection of application, but you may not be eligible for employment in some facilities or agencies.*

Physical Readiness

Pharmacy Technicians may lift and transfer supplies and equipment; spend considerable time standing; interact with staff and patients; and complete paperwork. Your signature on this application indicates that you have no health or physical problems that would prevent you from being able to complete the training or to regularly work as a Pharmacy Technician, such as (but not limited to) back or joint pain, communicable diseases, or vision problems. Please understand that if a temporary, unforeseen medical condition arises during the course, you will only be granted an extension or exception with a statement signed by a treating physician.

Caring and Compassion

Successful pharmacy technicians should have good helping, caring, and nurturing skills. They also have good communication skills and work as a part of a professional healthcare team. Successful pharmacy technicians hold to the highest professional and ethical standards, and treat patients with respect. By applying for admission to this course, you certify that you will strive to uphold these standards.

Classroom Expectations – PLEASE INITIAL TO INDICATE UNDERSTANDING

- _____ 1. You are expected to arrive on time for class. Repeated tardiness may result in course failure.
- _____ 2. If you will be absent, you are required to contact the instructor PRIOR to class time.
- _____ 3. If you are absent, you must make up any written homework or reading on your own time.
- _____ 4. Because of the accelerated pace of the class, more than 8 hours of class absence may result in failure.
- _____ 5. No student shall disrupt a class or interfere with the learning of the other students.
- _____ 6. The instructor is your first contact for all academic questions or concerns.
- _____ 7. Cell phones should be turned off or turned to silent mode for class. If you must take an emergency call, you should briefly excuse yourself to the hallway. (This also means no texting or email during class).
- _____ 8. Any student participating in any act of academic dishonesty, such as copying others' work or cheating on an exam, will be considered for dismissal from the program.
- _____ 9. If you fail the class, you will not be permitted to sit for the certification exam.

Materials Supplied

You will receive one set of textbooks at the first class, and additional materials will be provided as class progresses. You are responsible for note-taking materials, binders, note cards, etc., as needed.

Certification Exam

Upon successful completion of the classroom hours, you will be eligible to sit for the certification exam offered by the National Healthcareer Association. The cost of the Pharmacy Technician Certification Board (PTCB) exam is NOT included with your tuition, and is scheduled independently from Helena College.

Payment/Cancellation/Refund Policy

Once your application is accepted, you have until that session's payment deadline (usually one week before class begins) to make payment in full. If you cannot make payment for the current session, your application may be held for the next available class, but you must make payment two weeks in advance for the following class.

If you cannot attend a class you have registered for, you must request a refund in writing at least three full business days prior to the first class meeting. \$169 will be retained as an application processing fee, and cannot be used for future admission to class. There are no refunds once a class has begun.

We reserve the right to cancel a course due to insufficient enrollment or other conflicts. If a class is canceled by the Continuing Education Department, you will receive a full refund.

Immediate cash refunds are not given for withdrawal from a class or when a class is canceled, regardless of the type of payment made. If payment was made by credit or debit, funds will be returned to the card. If payment is made by check or cash, refund processing will take 5-7 business days, and funds will be returned via check.

Emergency Contact Information

Contact Name _____
FIRST LAST RELATIONSHIP TO APPLICANT

Contact Phone number _____
DAYTIME EVENING

Signature

I hereby certify that to the best of my knowledge that the information contained in this application is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic, and the scholastic standards of the institution. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled or I may be dismissed from the class.

APPLICANT'S COMPLETE LEGAL SIGNATURE DATE

*Once application meets initial approval, student will be contacted for course payment. If you are working with a current employer or agency who will be providing payment, please indicate here:

PAYING ENTITY(BUSINESS NAME) INDIVIDUAL CONTACT NAME PHONE AND/OR EMAIL