

*San Jacinto College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.*

Please note that to be compliant with clinical facility requirements a criminal background check and drug screen will be required prior to admission to the Pharmacy Technician program in addition to the Technician Trainee Registration.

**PLEASE PRINT OR TYPE**

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name in Full: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number & Street County City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

Student ID No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

Please select one of the following:  Full-time  Part-time

Have you ever before made an application to any San Jacinto College Health Sciences programs?

Yes  No

If yes, what program? \_\_\_\_\_

When: (approximate date) \_\_\_\_\_

**\*OPTIONAL**

\*Gender:  Female  Male \*Birthdate: \_\_\_\_\_ \*Age: \_\_\_\_\_

\*Place of Birth \_\_\_\_\_

\*Ethnicity:  White (Non Hispanic)  Black (Non Hispanic)  Hispanic  
 Asian/Pacific Islander  American Indian or Alaskan Native  Other

## EDUCATIONAL BACKGROUND

### Give information concerning high school(s) attended or G.E.D.:

Name of School \_\_\_\_\_ City & State \_\_\_\_\_ Date of Completion \_\_\_\_\_

Type of Diploma:  Standard (Regular)  Honors  GED  No HS Diploma  Other: \_\_\_\_\_  
High School Grade Average:  90-100  80-89  70-79  Below 70

### Give information concerning college, university, vocational schools, allied health schools attended:

Name of Institution \_\_\_\_\_ City & State \_\_\_\_\_ Number of Credits or Degree Earned \_\_\_\_\_

List any licenses or certificates held (ie, LVN, EMT, etc): \_\_\_\_\_

Have you had any prior work experience and/or exposure in a pharmacy?  Yes  No  
(If yes, please explain, briefly. If no, how did you find out about the profession?): \_\_\_\_\_

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the admissions committee of the SJC Pharmacy Technician program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date