



San Bernardino Valley College

Pharmacy Technology Application

This application must be completed in full and submitted with the required documents in order for consideration for admission.

Date: _____

Name:

Last First Middle

Address:

Street City Zip

Date of Birth: _____ (State Board of Pharmacy requires all applicants to have a Social Security Number)

Home Phone#: _____ Alternate Phone#: _____

E-mail Address: _____

High School Name: _____ Graduation Date _____

Date of GED: _____ (State Board of Pharmacy requires all applicants to have an official High School Transcripts or GED)

Table with 4 columns: Pre-Requisites Completed, COURSE, GRADE, YEAR. Rows include English 015 or Higher, Math 090 or Higher, and Biology 155 or Higher, each with 'COMPLETED' and 'IN PROGRESS' options and 'Yes/No' checkboxes.



San Bernardino Valley College

Pharmacy Technology Application

Pharmacy Related Questions:

Are you currently a licensed Pharmacy Technician in the State of California? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently Certified through PTCB? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in pharmacy setting? <input type="checkbox"/> Yes <input type="checkbox"/> No

Life Experience or Special Circumstances:

Do you have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Please submit a letter on official documentation describing the disability.)</small>
Are you the first generation of your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an EOPS student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you successfully complete 12 units in the SBCCD (SBVC or Crafton Hills) system? <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Items

Official Copy of High School Transcripts or GED Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Official College Transcripts were submitted to the college <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Copy of PTCB Certificate (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Copy of State Board License (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Tuberculosis Screening Test (clearance effective for 1 year) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Item Completed in PHT 072
Background Check (clearance effective for 6 months) <input type="checkbox"/> Yes <input type="checkbox"/> No Item Completed in PHT 072
Drug Test (clearance effective for 1 week) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Item Completed in PHT 072
Assessment Test Results from Valley College (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Student Identification Number from Valley College <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Copy of Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Item Completed in PHT 072
Resume <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA



QUESTION #8

California State Board of Pharmacy

Have you ever been convicted of, or pleaded guilty or nolo contendere/no contest to, any crime, in any state, the United States or its territories, a military court, or any foreign country? Include any felony or misdemeanor offense, and any infraction involving drugs or alcohol with a fine of \$500 or more. You must disclose a conviction even if it was: (1) later dismissed or expunged pursuant to Penal Code section 1203.4 et seq., or an equivalent release from penalties and disabilities provision from a non-California jurisdiction, or (2) later dismissed or expunged pursuant to Penal Code section 1210 et seq., or an equivalent post-conviction drug treatment diversion dismissal provision from a non-California jurisdiction. Failure to answer truthfully and completely may result in the denial of your application. NOTE: You may answer "NO" regarding, and need not disclose, any of the following: (1) criminal matters adjudicated in juvenile court; (2) criminal charges dismissed or expunged pursuant to Penal Code section 1000.4 or an equivalent deferred entry of judgment provision from a non-California jurisdiction; (3) convictions more than two years old on the date you submit your application for violations of California Health and Safety Code section 11357, subdivisions (b), (c), (d), or (e), or California Health and Safety Code section 11360, subdivision (b); and (4) infractions or traffic violations with a fine of less than \$500 that do not involve drugs or alcohol. You may wish to provide the following information in order to assist in the processing of your application: descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary. Arrest Date Conviction Date Violation(s) Case # Court of Jurisdiction (Full Name and Address)

Yes No (A full Live-Scan will be submitted to the state board of pharmacy which will include an FBI & DOJ Check)

Arrest Date	Conviction Date	Violation(s)	Case #	Court of Jurisdiction (Full Name and Address)
1.				
2.				
3.				
4.				
5.				

Print Full Name: _____

Signature: _____ **Date:** _____

Pharmacy Tech Program - Interview Questions



First Name: _____

Last Name: _____

Date: _____

How did you hear about the program?

Why do you want to become a pharmacy technician?

Why would you be a good pharmacy technician?

What do you feel are the most important qualities in being a good pharmacy technician?

Have you ever taken an online course?

What exposure have you had to the pharmacy technician profession?

What do you think you will like most about being a pharmacy technician?

In your current job, what major challenges and problems do you face? Had did you handle them?

What has been your most rewarding/least rewarding experience so far?

Describe a typical work week and the pace at which you work.

Pharmacy Tech Program - Interview Questions



How do you handle stress and pressure?

What motivates you?

What are your pet peeves?

What are your hobbies?

When was the last time you were angry?

Do you prefer to work independently or on a team? -- Give some examples of teamwork.

What type of work environment do you prefer?

What are your salary expectations?

How do you evaluate success?

What interests you about being a pharmacy technician?

What applicable attributes/experience do you have for being a pharmacy technician?

What challenges are you looking for in a pharmacy technician position?

Pharmacy Tech Program - Interview Questions



How do you stay current in knowledge and job skills?

What are your goals for the next five years?

Signature: _____ **Date:** _____



Media Release Form

By signing this form, you grant San Bernardino Valley College permission to use any photos and videos in which you are a subject for promotional purposes.

I, _____, (printed name) **give permission to San Bernardino Valley College to use photos and videos in which I am a subject for promotional purposes.**

I understand that if I decide to revoke permission to use photos and videos in which I am a subject, I will provide a written request addressed to the Department of Marketing and Public Relations at San Bernardino Valley College.

(signature)

(date)



Acknowledgement of Program Participation Requirements

I understand that I am responsible for providing the Pharmacy Technician Program with any necessary required documentation such as initial immunization forms, proof of background checks and required updates for immunizations throughout the entire Pharmacy Technician Program. I understand that I must provide copies of any requested documentation to the Pharmacy Technician Program Coordinator. I understand that lack of proper documentation means I am not eligible to attend clinical under any circumstances.

Failure to provide required documentation may also require withdrawal from the Pharmacy Technician Program. If withdrawal is necessary, I understand that I will be required to submit a letter requesting re-entry to the Pharmacy Technician Program and to follow the readmission policies found in the pharmacy technician program student handbook.

I received a copy of the program handbook

Student signature:

Signed _____

Printed Name _____

Date _____

Original to be kept in student file – collected in beginning of PHT 060



I received a copy of the Laboratory Handbook

Student signature:

Signed _____

Printed Name _____

Date _____

Original to be kept in student file – collected in beginning of PHT 060 and PHT 070