

South Texas College

Nursing/Allied Health Division – Pharmacy Technology Program

1101 E. Vermont Ave., McAllen; Phone: (956) 872-3049, FAX: (956) 872-3115

APPLICATION TO THE PHARMACY TECHNOLOGY PROGRAM – FALL 2020

Student Information

Please check one: Mr. Ms. Mrs. Miss

Name: _____ A# _____

Print or Type (Last) (First) (MI) (Maiden/former name)

Jagmail Address: _____ Cell Phone: _____

APPLICATION DEADLINE: 5PM FRIDAY, AUGUST 14, 2020

The application must be on file in the Pharmacy Technology Program Chair office by the application deadline to be considered in the application pool for the Fall 2020 Cohort. *Note: First priority is given to QUALIFIED applicants who meet the above deadline. Applications will be accepted on a first come first serve basis. Nonqualified applicants must reapply.*

STEP 1 Directions: Academic and Age Requirements

Mark an "X" in the blank for either "yes" or "no" that applies to you for each question.

- YES NO A. Have you been admitted to the college as a high school graduate, or GED equivalent, except for dual credit students? *Applicants must have an active account with South Texas College.*
- YES NO B. Do you meet TSI College Readiness Standards (Math, Reading, and Writing) or TSI exemption standards?
- YES NO C. Do you have a minimum cumulative GPA of 2.5 on a 4.0 scale for all courses completed through South Texas College or, if currently a high school student, a minimum cumulative GPA of 2.5 or better on a high school transcript? *The applicant is responsible for ensuring all TSI scores and updated transcripts are on file with South Texas College Office of Admissions and Records.*
- YES NO D. Will you be 18 years of age by the first practicum experience (*summer session*)?

STEP 2 Directions: Applicant Advising

Call the Nursing and Allied Health Advisor at **(956) 872-3182** to make an appointment to receive advising and submit your application.

- A. Write day and time of Appointment: _____
- B. Individual Advising Appointment Confirmation – _____ (*Initials of faculty conducting advising*).
- C. The Pharmacy Technology Program faculty will review the **Prospective Student Advising Form** with the applicant. The applicant should voice all questions and concerns about the information prior to signing the program application.
- YES NO E. Have you attended a General Advising Session? *See program website for dates/times/location.*
- YES NO F. Are you eligible for technician trainee registration through the Texas State Board of Pharmacy? *Eligibility requirements are stated in the South Texas College Catalog under Pharmacy Technology program. Questions regarding eligibility must be directed to the Texas State Board of Pharmacy. Applicants who have an expired technician trainee registration must become certified pharmacy technician and upgrade the TSBP registration to registered pharmacy technician by August 21, 2020 to be enrolled in the Fall 2020 cohort.*

STEP 3 Directions: Clinical Requirements via COMPLIO – DOCUMENT UPLOAD DEADLINE 5PM Friday, July 31, 2020.

Attend a Clinical/ COMPLIO Advising Session for details (<https://nah.southtexascollege.edu/index.html>). Accepted applicants will not be enrolled in PHRA courses until the Clinical Requirements (clear criminal background, negative drug/alcohol screen, and completed immunizations, technical standards) are met.

- YES NO G. Do you understand you must pass a criminal background check, completed a 10-panel drug and alcohol screen through approved providers, and acquire all required immunizations including the Hepatitis B series?
- YES NO H. Do you understand you must meet the technical standards of the program? *This is part of the clinical requirements of the Nursing and Allied Health Division. All questions regarding clinical requirements should be directed to the Clinical Affairs Specialist.*

STEP 4 Directions: Applicant Attestation

Attest to the following by initialing next to each statement and signing below.

- _____ *I have read the contents of this application, and I attest that I am responsible for both my application's completeness and for the information contained within it.*
- _____ *I understand all information provided on the Prospective Student Advising Form and have been advised by the program faculty.*
- _____ *I attest I have been given an opportunity to ask questions concerning the institution, the program, financial aid and student services, and have been referred to the appropriate department within the institution to receive answers or resolve issues.*
- _____ *I understand that I must be eligible for technician trainee registration or be a certified, registered pharmacy technician through the Texas State Board of Pharmacy to be enrolled in the Pharmacy Technology program.*
- _____ *I understand to be accepted into the program and enrolled in courses I must meet academic, age, and clinical requirements. I understand that although my application may be accepted based upon academic and age requirements, if I do not meet the Clinical Requirements via COMPLIO by the Wednesday, August 21st deadline, I will not be enrolled in the Fall 2020 cohort but may reapply during the next application season.*
- _____ *I certify that the information provided within this application is true and realize that reporting untrue information will result in my disqualification from the applicant pool and program, and I will not be eligible to reapply.*

Signature: _____ Date: _____

Information: Students will receive notice of Pharmacy Technology Program admission status within 2 weeks of receipt of this application. Please contact the Nursing and Allied Health Advisor at (956) 872-3182 for any questions concerning the application, admission requirements, or deadlines. The Pharmacy Technology Program will not answer questions concerning admission status via phone or email, but the applicant may contact the Nursing and Allied Health Advisor to make an appointment.