

Capps Center Pharmacy Technician Application

FALL 2021



Thank you for your interest in the Capps Technology Center's Pharmacy Technician program.

The following information will guide you through the application process. Print, complete, and submit one application form as well as three reference sheets. All forms should be returned by May 17, 2021 to apply for the class beginning in August 2021. Only complete applications will be considered.

According to Mississippi State Board of Pharmacy Regulations, no one convicted of a drug-related crime or a felony may be registered as a pharmacy technician in Mississippi. Graduates of the program are eligible to sit for the National Pharmacy Technician Certification Exam. Exam scores of 390 or higher on a 500 scale will earn the title of Certified Pharmacy Technician.

Program Description

Pharmacy Technician program combines classroom instruction with laboratory work.

Program Length

The Pharmacy Technician Program is a 16 week course. The class will meet every Monday, Wednesday, and Thursday. There will be a day class and a night class. The day class will meet from 9:00 am – 12:00 pm and the night class will meet from 5:30 pm – 8:30 pm.

Admission Requirements:

1. Register and take the Career Readiness Certificate (CRC) exam and earn a Silver certificate or better. Include your test scores or certificate with your application. To register for the CRC, visit www.thecappscenter.com
2. Complete the Capps Center Pharmacy Technician application packet, which includes:
 - a. a program application,
 - b. 500 word essay on why you want to become a Pharmacy Technician
 - c. Three references
 - d. Copy of your CRC scores or Certificate
3. Submit to a drug test, if requested
4. Submit an acceptable background check if requested.

5. Be available for phone interview, if needed.
 6. Pay class cost of \$500 if selected into the program within the given payment dates.
- The student will be responsible for all costs related to requirements. ***Please note, class fees are non-refundable unless the class is cancelled by the Capps Center.***

Dress Code

Students are required to wear scrubs or business casual attire. The following items are not to be worn to class: hair bonnets, hair scarfs, hair wraps, pajama pants, leggings, bedroom shoes, house shoes, UGG boots, flip flops, low cut blouses, or camisole tops.

Statement of Non-Discrimination

Mississippi Delta Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: The Associate VP for Institutional Effectiveness, Boggs-Scroggins Student Services Center, P.O. Box 668, Moorhead, MS 38761, 662-246-6558.



Pharmacy Tech Application DAY or NIGHT Class

PLEASE CIRCLE Day or Night class

Please Print

Full Name (Last, First and Middle Initial) _____

Name Preferred: _____ SSN: _____ Date of Birth: _____

Gender: Female Male Ethnicity: Not Hispanic/Latino Hispanic/Latino

Race: Asian Black/African American American Indian/Alaska Native Native Hawaiian/Pacific Islander
 White

Mailing Address: _____

City _____ State _____ Zip _____ County _____

Day Telephone Number: () _____ - _____ Email: _____

Education: Please indicate which of the following best describes your level of education:

- | | |
|---|--|
| <input type="checkbox"/> 9 Less than High School | <input type="checkbox"/> 5 Post-secondary/vocational certificate (no degree) |
| <input type="checkbox"/> 1 High School degree | <input type="checkbox"/> 6 Associate's degree |
| <input type="checkbox"/> 2 GED or HSE | <input type="checkbox"/> 7 Bachelor's degree |
| <input type="checkbox"/> 4 Some College (no degree) | <input type="checkbox"/> 8 Graduate/Professional degree |

Employment Status:

- 1 Employed Retired 2 Unemployed

Employment Type:

- 1 Part Time 2 Full Time 3 Temporary 4 Seasonal

Class fees are non-refundable unless cancelled by the College

Signature _____ Date _____

For Office Use Only

For Office Use Only

Date of test _____

CRC Scores

AM _____

GL _____

WD _____

CRC Level _____

Previous Work History (You may include a resume or additional pages to show complete work history)

Name of employer: _____ Dates of employment: From _____ To _____ _____ City, State, Zip _____ Name of immediate supervisor _____ Give a brief description of what you did on the job: _____ _____ _____ _____
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Name of employer: _____ Dates of employment: From _____ To _____ _____ City, State, Zip _____ Name of immediate supervisor _____ Give a brief description of what you did on the job: _____

Have you ever been convicted of a crime? Explain

Have you ever had an allergic reaction to any medication or drug? Explain.

Would you be willing to submit to a drug test?	YES	NO
Have you at any time in the past failed a drug test?	YES	NO
Do you have a history of drug or alcohol abuse?	YES	NO
If yes, please explain. -		

Please attach a 500 word typed essay on why you would like to become a Pharmacy Technician.

Please attach the names and phone numbers of 3 references.

I hereby claim all the above information is true to the best of my knowledge and I understand falsification of information can result in being terminated from the Pharmacy Technician Program of Capps Technology Center.

Signature

Date