

# Capps Center Pharmacy Technician Application



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 9, 2018 to apply for the class beginning in July 2018. Upon receipt of all application requirements, you will be contacted concerning an interview. 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 11:00 am – 2:00 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](http://www.thecappscenter.com)
2. Complete the Capps Center Pharmacy Technician application packet, which includes:
  - a. a program application,
  - b. 1 page 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. Attend a scheduled selection interview.

6. Pay class cost of \$340 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 MI):** \_\_\_\_\_

**Name Preferred:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Race:**  Native American     Hispanic/Latino     African American  
 Asian     White

**Sex:**  Female     Male

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

Less than High School     Associate degree  
 High School degree/GED     Bachelor degree  
 Some College (no degree)     Graduate/Professional degree

**Military experience:**

Yes     No    Branch/Years of Service: \_\_\_\_\_

**Employment Status:** Please indicate if you are currently

Employed     Retired     Unemployed

**Employment Type:** Please tell us if your current or most recent employment is/was

Full Time     Part Time     Seasonal

**Please name your current or most recent employer:** \_\_\_\_\_

**Contact Information:**

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Day Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

For Office Use Only
Date of Test: _____
CRC Scores
AM _____
LI _____
RFI _____
CRC Level _____

**Class Dates:**  
Monday, Wednesday, and Thursday (Lab) at The Capps Center- Indianola for 16 weeks  
Time: 11:00 a.m. - 2:00 p.m. OR 5:30 p.m. - 8:30 p.m.

**Previous Work History**

<b>Name of Employer:</b> _____	<b>Dates of Employment: From</b> _____	<b>To</b> _____
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**Previous Work History**

<b>Name of Employer:</b> _____ <b>Dates of Employment: From</b> _____ <b>To</b> _____ <b>City, State, Zip:</b> _____ <b>Name of Supervisor:</b> _____ <b>Give a brief description of what you did on the job:</b> _____   
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<b>Name of Employer:</b> _____ <b>Dates of Employment: From</b> _____ <b>To</b> _____ <b>City, State, Zip:</b> _____ <b>Name of Supervisor:</b> _____ <b>Give a brief description of what you did on the job:</b> _____   
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<b>Name of Employer:</b> _____ <b>Dates of Employment: From</b> _____ <b>To</b> _____ <b>City, State, Zip:</b> _____ <b>Name of Supervisor:</b> _____ <b>Give a brief description of what you did on the job:</b> _____   
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<b>Name of Employer:</b> _____ <b>Dates of Employment: From</b> _____ <b>To</b> _____ <b>City, State, Zip:</b> _____ <b>Name of Supervisor:</b> _____ <b>Give a brief description of what you did on the job:</b> _____   
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**Have you ever been convicted of a crime? Explain**

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

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**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. -**

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**Please attach a 1 page 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.**

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Signature

Date