

**Arapahoe Community College**  
**Pharmacy Technician Program**

**Application**

**Mail:**

**Arapahoe Community College**  
**Pharmacy Technician Program**  
5900 S. Santa Fe Drive  
P.O. Box 9002  
Littleton, CO 80160-9002

**E-mail:**

**pharmacy@arapahoe.edu**

**Phone:**

**303.797.5944**

**Room:**

**A2335**

Your Name \_\_\_\_\_

# Applicant Check List

- \_\_\_\_ 1. ACC College Application
- 2. Apply for Colorado College Opportunity Fund (COF)
- \_\_\_\_ 3. High School Diploma, GED or College Transcript
- \_\_\_\_ 4. CPT - Required for all students without a degree:

	<u>Required Scores</u>	<u>Applicant Scores</u>
Reading	83	_____
Sentence Skills	95	_____
Algebra	61	_____

Developmental (preparatory) course work is recommended prior to program entry if CPT scores are low. A College degree, satisfactory ACT/SAT scores, and remedial courses allow you to waive the CPT exam.

- \_\_\_\_ 5. **Criminal Background Check (Must be done through ACC)**  
Required of all health career students. Forms may be obtained online at: [background application](#). Questions regarding this evaluation are detailed in the forms. This completed background check will be evaluated for disqualifying factors by the Campus Police. The results are confidential and held by the Campus Police. No details are provided to any Instructor or to the Academic Coordinator of the Program.
- \_\_\_\_ 6. **Keyboarding Skills**  
Documentation may be obtained online or through course work. Go to <http://www.typingtest.com/> to take the test. A speed of thirty words per minute is the **minimum** for qualification. Obtain a certificate online and submit with your application as proof the minimal skill achieved.
- \_\_\_\_ 7. **Resume**
- \_\_\_\_ 8. **A Letter of Recommendation**
- \_\_\_\_ 9. **Application completed and ready for submission**
- \_\_\_\_ 10. **Submitted Complete on:** \_\_\_\_\_  
*date*
- \_\_\_\_ 11. **Interview with the Academic Coordination:** \_\_\_\_\_  
*date*      \_\_\_\_\_  
*time*

**ARAPAHOE COMMUNITY COLLEGE  
PHARMACY TECHNICIAN PROGRAM  
APPLICATION FOR ADMISSION**

**NAME:** \_\_\_\_\_  
Last
First
Middle

**DATE:** \_\_\_\_\_ **Student I.D. (if available)** \_\_\_\_\_

**Maiden/Former Name(s):** \_\_\_\_\_

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

\_\_\_\_\_  
City
State
Zip

**Phone:** \_\_\_\_\_  
Home
Work
Emergency

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Are you now or have you ever been a student at Arapahoe Community College?**

\_\_\_\_\_ **No** \_\_\_\_\_ **Yes** \_\_\_\_\_ **Semester/Year**

**Have you ever applied to a Health Career program at ACC?**

\_\_\_\_\_ **No** \_\_\_\_\_ **Yes**

**Name of program:** \_\_\_\_\_

**EDUCATION HISTORY**

TYPE OF SCHOOL	NAME & LOCATION	TO/FROM MO./YEAR	CERTIFICATE OR DEGREE
Last High School Attended or GED			
Technical, Trade or Other			
College or University			



**NO APPLICATION WILL BE REVIEWED THAT IS NOT FULLY COMPLETED**

To the best of my knowledge and belief, the information I have given on this form is correct and can be verified. I have not withheld information that would affect my acceptance into the Pharmacy Technician Program.

I have read and understand the instructions for admission into the Pharmacy Technician Program. I understand that **only complete** applications will be considered. All applications must be received **14 days prior** to start of class in order to schedule a personal interview.

I understand that a criminal background check by the ACC Campus Police is required for Program admission. I also understand that certain vaccinations and immunizations or evidence of immune protection from certain diseases is required. These evaluations are to protect the safety and well being of our educational partners.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Completion of this form does not constitute admission to the program**

**Arapahoe Community College (ACC) is committed to equal opportunities for access to employment and education and thus does not discriminate against current or potential employees or students on the basis of race, color, religion, sex, national origin or ancestry, age, handicap, or status as a disabled or Vietnam-era veteran.**

**Arapahoe Community College**  
**Pharmacy Technician Program**  
**Student Statistical Information**

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The following information is required for statistical tracking purposes only and is in no way used to determine acceptance into the Pharmacy Technician Program.

**Gender**

**Female**        \_\_\_\_\_

**Male**         \_\_\_\_\_

**Ethnic Group**

**African American (black, not of Hispanic origin)** \_\_\_\_\_

**American Indian or Alaskan native** \_\_\_\_\_

**Arabic, Middle Eastern** \_\_\_\_\_

**Asian or Pacific Islander** \_\_\_\_\_

**Caucasian** \_\_\_\_\_

**Hispanic** \_\_\_\_\_

**Other (\_\_\_\_\_)** \_\_\_\_\_

**Age Group**

**17-19** \_\_\_\_\_

**26-30** \_\_\_\_\_

**20-22** \_\_\_\_\_

**31-35** \_\_\_\_\_

**23-25** \_\_\_\_\_

**36-40** \_\_\_\_\_

**Over 40** \_\_\_\_\_

## PHARMACY TECHNICIAN PROGRAM

### IMMUNIZATION HISTORY

These immunizations and documentation of immunity are required by the clinical facilities we utilize for learning experiences. The immune status provides protection for clients and students.

Please have your health care provider complete the following form and provide documentation.

#### **Rubella and Rubeola**

Persons born before 1957 are considered naturally immune to measles (Rubeola). Persons born in or after 1957 must present evidence of two (2) live vaccine immunizations since 1968, or laboratory documentation (positive rubeola antibody polyvalent screen) to be considered immune. Persons who cannot present such documentation must be immunized.

Documentation of two MMR immunizations, or laboratory titer that indicates immunity to Rubella is required. All students, male and female, must show immune titer to Rubella or proof of two immunizations.

#### **Hepatitis B**

The series of three Hepatitis B vaccinations is required. The second of the first three vaccinations must be completed before experiential training begins. The series will be waived for students with documentation of Hepatitis B immune titer.

#### **PPD Tuberculin Test**

The tuberculin skin test that is required is the intradermal PPD, Mantoux method (not the multi-pronged Tine test). A current chest X –ray demonstrating no active disease must be submitted if the PPD test result is positive. This skin test must be repeated annually while enrolled in the pharmacy technician program, unless required more frequently by a specific facility.

#### **Chickenpox (Varicella)**

Chickenpox (Varicella) is extremely communicable. If you do not know whether you have had the disease, we recommend that you have a Varicella titer drawn. This tells you if you are immune. Exposure to Chickenpox if you were not immune would prevent attendance at clinical rotations for a significant amount of time. A vaccine is now available for Chickenpox. Confer with your health care provider regarding this.

#### **Tetanus**

Tetanus immunization is recommended within the last 10 years.

# PHARMACY TECHNICIAN PROGRAM

## IMMUNIZATION DOCUMENTATION FORM

Student's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requirements for all students:

Rubella and Rubeola (if necessary by birth date). Required for male and female students.

MMR Immunizations #1 Date: \_\_\_\_\_ #2 Date: \_\_\_\_\_

OR

Rubella Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

Rubeola Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

Hepatitis B

#1 Date: \_\_\_\_\_ #2 Date: \_\_\_\_\_ #3 Date: \_\_\_\_\_

(first) (1 month) (6 months)

OR

Hepatitis Immune Titer Date: \_\_\_\_\_ Result: \_\_\_\_\_

PPD Tuberculin Test Required every 12 months.

Date: \_\_\_\_\_ Result: \_\_\_\_\_ (read 48 to 72 hours after test)

Current chest X-ray results demonstrating no active disease must be submitted if PPD test result is positive. Students whose results indicate active disease will be counseled on an individual basis.

Tetanus Date: \_\_\_\_\_

Students in the EMT, MLT and Pharmacy Technician programs must provide documentation of Tetanus immunization.

Chickenpox (Varicella)

Students in the Pharmacy Technician program must attach an immune titer or documentation by a health care provider.

Other

Reasonable accommodation will be provided upon request for persons with disabilities. If you are a person with a disability who requires an accommodation to participate in this program, please notify Disability Services at (303) 797-5937.

The information I have given on this form is correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider

\_\_\_\_\_  
Date

Please mail or fax to:

Arapahoe Community College  
Pharmacy Technician Program  
5900 S. Santa Fe Drive  
Littleton, CO 80160-9002

For Office Use Only:

Complete  Recorded

Comments: