

PHARMACY TECHNICIAN PROGRAM
APPLICATION PACKET

DATE: _____

PERSONAL INFORMATION

NAME: _____ θ Male
Last Name First Name Middle Initial θ Female

ADDRESS: _____
Street City State Zip

PHONE: (_____) _____ SID: _____
area code

EMAIL: _____ BIRTHDATE _____

PHONE (emergency) : (_____) _____ RELATIONSHIP/NAME: _____
area code

A NON-REFUNDABLE APPLICATION FEE OF \$35.00 MUST BE PAID BEFORE YOUR APPLICATION WILL BE PROCESSED. Please pay the fee at North Seattle Community College Cashier's Office. Please present this form to the cashier with your payment. Payment can be made by cash, check, VISA, Master Card or Discover. You must then submit your application form, showing the \$35.00 application fee as paid with your packet.
(Cashier note: fee code AH)

Checks must be written for the exact amount and must be drawn on banks located in the United States. A handling fee of \$30.75 is charged for any returned checks.

ADVISING CHECK-OFF SECTION: For office use only

<u>PRIOR TO ADMISSION:</u>	Date	Initials
Application Checklist, signed	_____	_____
Process for Background Check Review, signed	_____	_____
Personal Data Questions & Attestation Form	_____	_____
Verification of H.S. Diploma or G.E.D.	_____	_____
Unofficial Transcripts or Placement Testing	_____	_____
Copy of completed National Background Check	_____	_____
Color copy of photo ID (proof of 18 years age)	_____	_____

<u>DURING PROGRAM:</u>	Date	Initials
Official transcripts to NSCC Records Dept.* *if applying previous coursework to certificate/degree	_____	_____
Complete Immunizations Sheet	_____	_____
Results of Drug Screen** **if required by externship	_____	_____

Pharmacy Technician Program Application Checklist

All application materials must be submitted in the order that they are listed, stapled.

- Completed Pharmacy Technician Program Application with cashier's paid stamp for **non-refundable** \$35.00 application fee. (pg.1)
- Completed and signed Pharmacy Technician Program Application Checklist.
- Signed "Process for Background Check Review" (pg.3)
- Personal Data Questions and Attestation Form (pgs. 4-6)
- Verification of HS Diploma or G.E.D.
- Unofficial transcripts from all schools where prerequisites were taken (including North Seattle Community College) with prerequisite courses highlighted: Math 097 Elementary Algebra and English 097/098 College Preparatory Reading & Writing
OR
COMPASS test results showing placement into Intermediate Algebra (MATH 098) and English Composition I (ENGL& 101)
- Copy of completed National Background Check through American DataBank <https://seattlecc.applicantcompliance.com> (Package 1, \$52.50)
- Color copy of photo ID (proof of 18 years age)

Students are responsible for keeping copies of the above for themselves. North Seattle Community College's Health & Human Services Division does not make copies of documents for students once submitted to our office.

By signing below I attest to the following:

- I have read the above checklist and submitted all the required documents as listed.
- I have read the program information and attended mandatory advising with the coordinator of the program.
- I understand the eligibility criteria for admission in to this program
- I understand the physical and financial commitment of the program
- I understand that immunizations will need to be completed by the end of my first quarter in the program.
- I understand that there may be additional requirements that I will need to comply with for my externship, including possible drug screening

APPLICANT'S SIGNATURE _____ DATE _____

Process for Background Check Review

1. All applicants submit sections 2 & 4 from the [Washington State Department of Health's Pharmacy Technician application](#): Personal Data Questions and Applicant's Attestation. Students answering yes to any question must take note of special instructions required. Students are ultimately responsible for ensuring the applications they submit to the state (for Pharmacy Assistant during 1st quarter and Pharmacy Technician upon program graduation) are complete.
2. Every applicant to the Pharmacy Technician Program must then verify his or her background through the private national background check agency specified: <https://seattlecc.applicantcompliance.com> (Package 1, \$52.50). You will need to create an Applicant Management System (AMS) account prior to ordering your background check.
3. If the background check returns without any report of criminal charges or convictions, the applicant will be admitted into the program.
4. If the background check returns any report of criminal charges or conviction item(s) the applicant will be allowed into the program but cautioned that the flagged items may not be approved by the Washington State Board of Pharmacy for Pharmacy Technician licensure. The Washington State Board of Pharmacy will only review your background when you apply for Pharmacy Technician licensure and make a decision accordingly at that time. In the meantime, you will be submitting an application for Pharmacy Assistant at the end of the Pharmacy Technician Program's first quarter, at which point you will gain a better idea of whether the items on your background check will prohibit licensure. Please know that approval for Pharmacy Assistant does not equate to approval for Pharmacy Technician nor does admission into NSCC's Pharmacy Technician Program equate approval for licensure from the state. For further information you can contact the Washington State Department of Health at 360-236-4700 or hsqa.csc@doh.wa.gov. Additional information about the Pharmacy Technician licensure regulations set forth by the Pharmacy Board can be found online at: <http://www.doh.wa.gov>.
5. Students are responsible for submitting completed copy of background check with application.

I have read the above "Process for Background Check Review" and understand that the North Seattle Community College's Pharmacy Technician Program does not screen applicants to ensure eligibility for licensure with the state.

APPLICANT'S SIGNATURE _____ DATE _____

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete?
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
- b. Diverted controlled substances or legend drugs?
- c. Violated any drug law?
- d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?

4. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

By: _____
(Signature of applicant)