

**PHARM TECHS R US, LLC**

Office/Classroom: 6325 N. Center Drive, Building 18, Suite 107, Norfolk, VA 23502 (757) 466-3200  
Classroom: 2017 Cunningham Drive, Suite 201, Hampton, VA 23666 (757) 466-3200

**APPLICATION FOR ADMISSIONS  
PHARMACY TECHNICIAN TRAINING**

**I. APPLICANT INFORMATION**

**Today's Date:** \_\_\_\_\_

*Desired Course:* *Class Start Date:* \_\_\_\_\_ *Class Time:* \_\_\_\_\_  
**Location:** \_\_\_\_\_ Norfolk \_\_\_\_\_ Hampton **(check one)**

\_\_\_\_\_

Last Name	First	Middle
-----------	-------	--------

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

Sex: \_\_\_Male \_\_\_Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Present Position: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**II. PRIOR EDUCATION, TRAINING AND EXPERIENCE**

**Career Objective:** \_\_\_\_\_

High School Graduate or GED: \_\_\_Yes \_\_\_No College: \_\_\_some \_\_\_degree

**\*\* Please provide proof of diploma\*\***

Computer Skills: \_\_\_None \_\_\_Basic \_\_\_Advanced

I touch type **at least** 20 words per minute: \_\_\_Yes \_\_\_No

Math Skills: \_\_\_Below Average \_\_\_Average \_\_\_Above Average

**III. METHOD OF TUITION PAYMENT**

\_\_\_Payment in full \_\_\_Payment Plan \_\_\_Third-Party Paid

**IV. SCHOLARSHIP INFORMATION**

**\_\_\_ I WISH TO APPLY FOR A SCHOLARSHIP**

**Up to One Hundred and Fifty Dollars (\$150)** Scholarships are awarded to one student per class. Please type a **two paragraph ESSAY** that addresses the two (2) questions below. Scholarships must be accepted applicants preparing to begin the next scheduled class. Recipient will receive notification of their scholarship award before class begins.

**SCHOLARSHIP ESSAY QUESTIONS TO COMPLETE:**

1. How will the Pharmacy Technician training assist my career growth?
2. Please explain how scholarship assistance would make a difference in your affordability to acquire training.

\* If interested in the scholarship essay, ask for the deadline.

---

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***The Application Fee of \$25 is due when the application is submitted.***

***WAIVER:*** Application Fee is waived if students signs-up and pays full tuition date of application.

***Note:*** Candidates interested in becoming pharmacy technicians cannot have prior records of drug or substance abuse. Prior to hiring candidates, pharmacies do a background check.