

# PLEASE READ AND FOLLOW DIRECTIONS

## Pharmacy Technology Application 2019

Follow these steps exactly:

Step	Directions
1	<p><b>Complete online application</b></p> <p>The application link can be found on our website at <a href="http://www.tcatathens.edu">www.tcatathens.edu</a> under future student and then the Admissions. If you have questions or need assistance, please contact the Student Services office at <b>423-744-2814</b> or via email at <a href="mailto:admissions@tcatathens.edu">admissions@tcatathens.edu</a>.</p>
2	<p><b>Additional items needed after application is filed online you can bring the following in to TCAT Athens or email at <a href="mailto:admissions@tcatathens.edu">admissions@tcatathens.edu</a>:</b></p> <ul style="list-style-type: none"><li>A. Confidentiality statement</li><li>B. High school transcript or GED scores (<b>no diplomas</b> will be accepted)</li><li>C. ACT SCORES IF APPLICABLE: If you are 20 years of age and under, you may submit ACT scores. Only ACT scores from official high schools, colleges, universities, or ACT transcripts will be accepted.</li><li>D. YOU NEED TO TAKE THE HESI TEST AT TCAT. Please check with Student Services for a schedule of when the HESI test will be given. The cost of the test is \$40 CASH OR CREDIT ONLY when you return your application and a test will be scheduled for you. More information regarding HESI testing is on page 2 of these instructions.</li><li>E. Copies of all other transcripts (colleges, technical schools, etc.) <b>If you attended TCAT @ Athens we will look your transcript up later. Do not have transcripts mailed to us; make sure all schools mail your transcripts to you.</b></li><li>F. <b>Physical and Immunization Record must be turned in by July 31, 2019 (IF YOU ARE ACCEPTED INTO THE CLASS)</b></li></ul> <p><b>Student Services office hours are Monday-Friday 7:30 a.m. until 4:00 p.m.</b></p>

3	<p><b><u>IMPORTANT DATES TO REMEMBER</u></b>  Applicants will be notified by letter of specific meeting dates and times. A meeting will be scheduled for all applicants who (1) meet the admission requirements and (2) have taken the HESI test or have met ACT requirements.</p>
4	<p>Applicants must be capable of passing a physical examination done by a licensed physician or other health professional. If accepted into the program you will have to provide proof of immunizations.</p>
5	<p>Applicants identified for enrollment will be notified by mail. <b><u>NO INFORMATION WILL BE GIVEN OVER THE TELEPHONE.</u></b></p>
6	<p>Financial aid programs are available to students who qualify for assistance. <b>The website for applying for financial aid is <u>www.fafsa.gov</u>. The Tennessee College of Applied Technology does not participate in any student loan program.</b> The financial aid application process should begin ASAP.</p>
7	<p>The total cost for this class, including trimester maintenance fees, technology fee, books, supplies, and uniforms will be <b>approximately \$6000.</b> (This is an estimated cost.)</p>
8	<p><b><u>IMPORTANT INFORMATION REGARDING REQUIRED TESTING:</u></b>  <b>If you are 20 years of age and under, you may provide ACT scores.</b>  <b>The school will be administering the HESI test. Please check with Student Services for a schedule of when the test will be offered. When you turn in your application if you have not tested, you must bring \$40.00 CASH ONLY (not refundable) and you will be scheduled for testing. You may purchase a study guide online at <u>www.mo-media.com</u>. YOU ONLY NEED TO STUDY FOR THE READING AND PRE-ALGEBRA PORTIONS OF THE TEST. You may find free sample questions at these websites:</b>  <u><a href="http://www.HESItestquestions.com/HESIpracticetest.pdf">http://www.HESItestquestions.com/HESIpracticetest.pdf</a></u> ,  <u><a href="http://www.act.org/HESI/sample">www.act.org/HESI/sample</a></u> and <u><a href="http://www.testprepreview.com">www.testprepreview.com</a></u>.</p>
9	<p><b>BACKGROUND CHECKS:</b> If you are accepted into the Pharmacy Technology program, you are <u>not</u> required to have a background check done before enrolling into the program. However, you will be required to have a background check done before you are allowed into clinical training. The clinical sites will be responsible; the background checks will <u>not</u> be done through the school. You may be required to do several. You will be required to pay for this. <b>THIS COST WILL NOT BE COVERED BY FINANCIAL AID. IF YOU HAVE BEEN CONVICTED OF A CRIME,</b> please be aware that even if you are accepted into the Pharmacy Technology program, if you are not allowed to take the clinical portion you will not be able to complete the program.</p>

**DRUG SCREENING:** Drug screening will not be done by the school. This will be handled by the clinical sites, and you may be required to have several. You will be required to pay for this. **FINANCIAL AID WILL NOT COVER THIS COST.** If you have a positive drug screen, and you do not have a valid prescription for the drug in question, you will not be allowed to complete your clinical portion of the training.

**INFORMATION REGARDING BACKGROUND CHECKS AND DRUG SCREENING WILL BE GIVEN TO YOU AT THE INTERVIEW. PLEASE DO NOT HAVE A BACKGROUND CHECK OR DRUG SCREENING DONE AT THIS TIME.**

## **CONFIDENTIALITY STATEMENT**

**As a Pharmacy Technology student, I understand that while working in a clinical facility, I am not to discuss information regarding any clinical practice nor patients while being with anyone in public or with other departments in the facility. I understand that this is a breach of confidentiality and may result in legal ramifications. I further understand that any question or explanation I may have regarding a patient, pharmacy policy, or procedure shall be directed to my instructor for follow-up.**

I agree to regard patient information as being confidential, and I understand that a breach in this agreement will result in disciplinary action toward me.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PHARMACY TECH  
PHYSICAL EXAMINATION  
TENNESSEE COLLEGE OF APPLIED TECHNOLOGY-ATHENS  
PO Box 848, Athens, TN 37371-0848**

**This report must be completed by a physician or healthcare provider. If you are accepted you must turn in the forms by **JULY 31, 2019**.**

Full Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ P \_\_\_\_\_

Vision without glasses Vision with glasses  
R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Condition of Mouth including teeth, oropharynx \_\_\_\_\_  
\_\_\_\_\_

Ears: R \_\_\_\_\_ L \_\_\_\_\_ Nose \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Skeletal System \_\_\_\_\_

Nervous System \_\_\_\_\_

Abdomen (pain, scars, masses) \_\_\_\_\_

Skin \_\_\_\_\_

Urinalysis \_\_\_\_\_ Hgb/Crit \_\_\_\_\_

TB Skin test: Date \_\_\_\_\_ Results \_\_\_\_\_

Remarks/Recommendations \_\_\_\_\_  
\_\_\_\_\_

Is this individual mentally and physically suited for entrance into the Pharmacy Tech program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ MD.

**TENNESSEE COLLEGE OF APPLIED TECHNOLOGY-ATHENS  
IMMUNIZATION RECORD**

Name \_\_\_\_\_

This report must be completed by a physician or healthcare provider. If you are accepted you must turn in the forms by **JULY 31, 2019**.

**IMPORTANT: You must make copies of immunization records to bring with this form.**

**IMPORTANT INFORMATION REGARDING THE MMR IMMUNIZATION REQUIREMENT:** The school requires that this record be completed prior to enrollment and reflect 2 MMR (measles, mumps and rubella) vaccinations. If you have no record of immunizations, or if you have not had immunizations, you may provide proof of one vaccination that you obtain before July 31 and provide proof of the second dose of the MMR vaccination during the first trimester of enrollment, before you begin your clinical training. You will not be allowed to begin your second trimester of training unless this is completed.

If you were born prior to 1957, you need only to provide a copy of your birth certificate AND documentation that you have had 2 MMR vaccinations before July 31.

**IMPORTANT INFORMATION REGARDING VARICELLA (CHICKENPOX):**

The school requires that either: 1) A healthcare provider report below that you are immune because you have had chickenpox in the past; or 2) You may provide proof of one vaccination that you obtain before July 16, and provide proof of the second dose during the first trimester of enrollment, before you begin your clinical training. You will not be allowed to begin your second trimester of training unless this is completed.

**IMPORTANT INFORMATION REGARDING HEPATITIS B:**

**ALL THREE DOSES OF THE HEPATITIS B VACCINE MUST BE COMPLETED BY THE END OF THE FIRST TRIMESTER.** You will not be allowed to begin your second trimester of training unless this is completed.

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MMR (Measles, Mumps Rubella)

Immunized with MMR times 2      Date: \_\_\_\_\_      Date: \_\_\_\_\_

Please attach immunization records or documentation as required above.

CHICKEN POX (Varicella) - check appropriate box

1.          Had the Chicken Pox      Date: \_\_\_\_\_

2.          Immunized with vaccine      Date: \_\_\_\_\_      Date: \_\_\_\_\_

Date

TETNUS-DIPHTHERIA -- check appropriate box

1.          Primary series completed      Date: \_\_\_\_\_

2.          Booster vaccination      Date: \_\_\_\_\_

HEPATITIS B – check appropriate box

1.          Series of three immunization completed.

\_\_\_\_\_  
DATE                      DATE                      DATE

Date \_\_\_\_\_ Signed \_\_\_\_\_ MD.