

University Health Pharmacy Technician Training Program Application

•	Department of Pharmacotherapy and	d Phari	macy Se	rvices	
Applicant Information	<u>:</u>				
Name:					

Address:

Phone number:

Date of birth:

Email address:

Yes or No

Are you a current employee with University Health? Have you been an employee with University Health in the past?

Attestations:

By checking the boxes below, I attest that the following statements are true and accurate:

I have a U.S. Social Security number.

I am at least 18 years old and have a copy of high school diploma or GED.

I have a home computer and internet to complete online modules.

I agree to register with the Texas State Board of Pharmacy (TSBP) as a technician in training (To be completed AFTER applicant is offered a student position).

I agree to take the certified pharmacy technician exam within 7 days after program completion.

I agree to register with TSBP as a registered pharmacy technician after obtaining certification.

Student Financial Obligation:

Program tuition	FREE
State registration tech in training	\$105
State registration RPhT	\$84
Certification exam	\$129
Certification pre-exam	\$19
Certification Practice Bank	\$39
Scrubs	\$70
Total (approximate)	\$446

Important Instructions:

- 1. Complete the sections above.
- 2. Write a 1-2 page, double-spaced, essay summarizing your interest in pursuing a career as a certified pharmacy technician.
- 3. Email the completed application and essay to: PharmTech@uhtx.com
- 4. Questions? Email PharmTech@uhtx.com