

Pharmacy Technician Education & Training Institute
ENROLLMENT FORM

Fax completed form to 1-877-468-5242 or Email to abanks@pharmacytech-school.org

Date: _____ Session Dates _____
____ Live Course ____ Hybrid Course ____ Self-paced Online Course

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B _____ Phone #(H) _____ (ALT) _____

Email Address: _____

Graduated from High School? ____ Yes ____ No If yes what year? _____

GED? ____ Yes What year? _____

Name and location of High School _____

Attended College? ____ Yes ____ No If yes, # if yrs completed? _____ Credit hrs. _____

Name and location of College _____

Major: _____

Received degree or diploma? If yes, what type? _____

Check the grade level commensurate with your math skills

5th 8th 12th college

How many words can you type per minute?

_____ WPM

Computer Literacy: Check the functions below that you are able to perform proficiently.

Check email send email word processing browse the internet

Use search engines like Google and Yahoo research various topics online

Using a scale of 1 to 5 rate your ability to do the following skills with 1 being terrible at it and 5 being very good at it.

Computer Use _____ Typing _____ Independent Study _____ Absorbing large amounts of info quickly _____

Have you ever been convicted of a felony? ___ Yes ___ No Year? _____

Was it a drug related charge? ___ Yes ___ No

Please explain, _____

Please write a brief statement explaining what you hope to gain from the course.

Printed Name of Applicant

Signature of Applicant

Date