

Pharmacy Technician Program

Health Sciences Education



Indiana University Health

PHARMACY TECHNICIAN PROGRAM

Application Packet

2021-2022

IU Health Methodist Hospital
Health Sciences Education
1812 N. Capitol Ave. Room 629
Indianapolis, IN 46202

Directions for the Application Packet

1) Read the program booklet thoroughly to ensure that you qualify for the program.

2) **Make copies of all the forms before completing.**

If a mistake is made, you will have an additional copy to complete.

3) ***For the application form:***

Be sure to complete all three pages.

For the short essay:

Give a lot of thought to this, the admission committee reads this very carefully.

For the candidate reference forms:

Ask two people who know your work well (such as a supervisor or teacher) to complete the two reference forms. *Write only your name in the top line of these forms. Do not complete anything else on these forms. Ask those who fill out your reference forms to return them directly to the Program Director* (The address is on the forms.) Allow plenty of time for these to be completed and returned. IU Health reserves the right to contact your references to verify information on the forms.

For official transcripts:

You must submit official high school/GED transcripts as part of the application process. You are also encouraged to submit any other transcripts you may have from other learning intuitions past high school. This includes college and other post-secondary training. Call ahead to your school(s) to determine whether you need to submit a fee to obtain an official copy of your transcript. You are responsible for paying any fees associated with obtaining these copies. Please have transcripts sent to the address below.

Note: Official transcripts may be sent in from the school directly, in person, or via the web. All transcripts that are mailed or hand delivered must be in a sealed envelope from the school.

IU Health Methodist Hospital
Wile Hall-Room 629
Attn: Pharmacy Tech. Program Director
1812 N. Capitol Ave.
Indianapolis, IN 46202

4) ***To submit your application:***

Be sure to have completed everything. Send or bring all forms, along with the non-refundable \$20 fee (waived for current IUH employees) to the address above.

5) ***Who to call with questions:***

For general questions regarding the application process or fees, call 317.962.5470 or email dcarlton@iuhealth.org. For specific questions about this program or its curriculum, contact the program director Jennifer Fox-Lee at 317.962.0919 or jfoxlee@iuhealth.org.

Indiana University Health Pharmacy Technician Program 2021-2022 Application for Admission

Complete all information below, printing legibly. After you complete the application, email (jfoxlee@iuhealth.org), mail or bring it and your non-refundable \$20 (waived for current IUH employees) processing fee to:

**IU Health Methodist Hospital
Wile Hall-Room 629
ATTN: Pharmacy Technician Program Director
1812 N. Capitol Ave.
Indianapolis, IN 46202**

| | |
|--|--|
| Check the box indicating the start date you are applying for: | |
| <input type="checkbox"/> July 2021 Start (7/12/21) Application deadline: 3/26/21 | <input type="checkbox"/> January 2022 Start (1/3/22) Application Deadline: 9/24/21 |

General Information

| | | | |
|------------------|--|--------------|-------------|
| Application Date | ID # (Last five digits of Social Security #) ___ -- ___ -- ___ -- ___ | | |
| First Name | MI | Last Name | Maiden Name |
| Address | City | State | Zip |
| E-mail | Phone # | Alt. Phone # | |

Residency

| |
|--|
| <p>Are you a United States Citizen or possess a Permanent Residence Card (Green Card)? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Documentation may be required.</p> |
|--|

Educational Background

| Education Level | Name of School | Dates Attended | Major Area(s) of Study | Certificate of Degree |
|----------------------|----------------|----------------|------------------------|-----------------------|
| High School | | From To | | |
| College | | From To | | |
| Vocational/Technical | | From To | | |
| Other Courses | | From To | | |

Note: Applications are not considered complete until we receive all application forms and your official transcripts. **Make sure that you obtain an official copy of your transcript from every learning institution you list above.** It is your responsibility to obtain official transcripts (*specifically, transcripts that are sent directly from your school to us*) and pay any fees associated with them. Allow enough time for processing.

Application Fee:

The \$20.00 non-refundable fee can be mailed with the application or returned in person to 1812 N. Capitol Ave., Indianapolis, IN, 6th floor Room W629.

Mailed payments can be made in the form of a money order or cashier's check

In person payments accepted are cash, credit (Visa, Mastercard, Discover), money order, & cashier's check

NO PERSONAL CHECKS ACCEPTED

Application for Admission

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IU Health Employee

Hire Date: _____ Site: _____

Current Job Title: _____

Check one: My job is full time part time _____ hours/week

Write a brief description of your current job duties:

Non- IU Health Employment History

Hire Date _____ Employer _____

Current Job Title _____ Homemaker Currently unemployed

Write a brief description of your current job duties:

If you have had more than one job, please attach a resume indicating your employment. Include the name of the company, dates of employment, and your job/duties.

Prior Employment

Have you ever been employed by IU Health? yes no If yes, please list dates of employment _____

Have you ever been involuntarily **terminated** from **ANY** healthcare facility? yes no Date termed: _____

If yes, please complete the following:

When _____ Where _____

Explanation for termination:

Criminal History

Have you ever been convicted of a crime? No Yes

If yes, please list all convictions and dates below, including all traffic violations.

Conviction _____ County/State _____ Dates _____

Conviction _____ County/State _____ Dates _____

Note: Conviction means you were found guilty by a judge, jury, "no contest", or guilty plea in court. A conviction may have taken place even if you did not pay a fine or spend any time in jail or prison. **A conviction will not automatically disqualify you from entering this program.** IU Health policy will determine which convictions disqualify you from entering this program. **Any misrepresentation may disqualify you from admission into this program.**

If you are selected to participate in this program, your acceptance will be based upon your ability to successfully pass a criminal background check. Information on how to complete the background check will be provided in the acceptance packet.

Application for Admission

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Please Read Carefully and Sign

It is a policy of Indiana University Health that equal educational opportunities be available to all without regard to race, color, gender, sexual orientation, religion, national origin, age, disability, or veteran status.

The receipt of this application does not imply that the applicant will be admitted into the education program. Each question should be answered in a complete and accurate manner since no action will be taken unless all questions are completed.

I certify the information in this application (and in any accompanying documents) is true and complete in all respects. If admitted into an education program, I understand any omission; false or misleading information in this application discovered any time during the admission process or after acceptance is initiated, may lead to my termination from the program.

I understand that consideration for admission into the program is contingent upon completing the application process, submitting all related forms by the required deadline, and successfully meeting all admissions requirements as listed in the individual program booklet.

I understand that upon acceptance into a program, IU Health will require a background check and health assessment which may include, but is not limited to, a health history, immunization update, drug screening test and TB testing. I hereby consent to such examinations and understand that my acceptance is contingent upon successful completion of the process.

If accepted for enrollment in the education program, I agree to comply with established rules, policies and procedures of IU Health and as established in the individual program booklet and student handbook.

Your typed legal name below qualifies as an electronic signature. Your typed name below shall have the same force and effect as your written signature.

Applicant's
Signature _____ Date _____

All Applicants: How did you hear about IU Health's Pharmacy Technician program?

How did you hear about us? Please check all that apply. This will help us better reach our future students. Thanks for your input.

I heard about this program through (check all that apply):

- a IU Health employee
- a friend relative former student
- School counselor Which school: _____
- IU Health Human Resource email or job description
- IU Health website
- Other website Which one? _____
- Social media Which one? _____
- other (please explain): _____



Short Essay

Using the space below, describe what you have done to investigate the profession, and why you would like to pursue a career as a pharmacy technician.



Indiana University Health

CONFIDENTIAL Candidate Reference Form*

Applicant's Name _____ ↓(Applicant do not write below this line.)

Prepared by _____ Relationship to Applicant _____

Preparer's Title _____ Preparer's Employer _____

Preparer's Daytime Ph# _____ Date Completed _____ **Preparer, please mail form to:**

Indiana University Health Methodist Hospital
 Wile Hall – Room 629
 Attn: Pharmacy Technician Program Director
 1812 N. Capitol Ave.
 Indianapolis, IN 46202

How to use the Rating Scale: Circle the rating that best applies to this applicant.

| | | | | |
|---|--|--|---|--|
| CONSISTENCY (Consider volume and accuracy of work regularly produced) | Inconsistent; little output; often of poor quality 0 | Generally inconsistent; limited output, occasionally unacceptable quality 1 | Generally consistent; average output of acceptable quality 2 | Consistent; above average output of acceptable quality 3 |
| ORGANIZATION (Consider volume arrangement of work area, use of filing systems and references) | Disorganized, often cannot locate materials 0 | Occasionally disorganized, cannot locate materials quickly 1 | Usually organized; locates most materials quickly 2 | Organized; materials easily located by self and others 3 |
| COOPERATION (Consider cooperation with associates and patients) | Uncooperative; unwilling to try new ideas 0 | Reluctantly cooperative; hesitates to accept suggestions 1 | Generally cooperative; usually willing to try new ideas 2 | Exceedingly cooperative; unusually good team member 3 |
| DEPENDABILITY (Consider amount of supervision required and application to work) | Unreliable and inattentive; needs frequent supervision 0 | Occasionally unreliable and inattentive; needs routine supervision 1 | Generally reliable and attentive; follows instructions independently 2 | Reliable and attentive; needs little supervision; is very conscientious 3 |
| PROCEDURAL KNOWLEDGE (Consider ability to understand and retain) | Limited knowledge; must be instructed repeatedly 0 | Adequate knowledge; some repeated instructions needed 1 | Average knowledge; retains well, occasionally asks questions 2 | Knowledgeable; readily understands and retains 3 |
| REACTION TO CRITICISM (Consider immediate and long-term reactions to constructive criticism) | Hostile 0 | Indifferent 1 | Generally receptive 2 | Responsive; uses criticism to improve performance 3 |
| INITIATIVE (Consider originality and resourcefulness) | Lacking; "gets by" 0 | Marginal; works routinely; does only enjoyable tasks 1 | Average; does obviously related tasks without urging 2 | Substantial; above average interest and initiative 3 |
| JUDGEMENT (Consider ability to evaluate situations and make sound decisions) | Poor; often acts without obtaining facts 0 | Occasionally questionable; influenced by opinions and feelings 1 | Generally reliable; usually makes practical decisions 2 | Reliable; considers facts and reaches sound conclusions 3 |
| PUNCTUALITY (Consider frequency of lateness and number of absences) | Often late or absent 0 | Occasionally late or absent 1 | Seldom late or absent 2 | Always punctual 3 |
| PROFESSIONAL DEVELOPMENT (Consider independent attempts to gain career information) | Displays little or no interest in development opportunities 0 | Occasionally displays interest in opportunities for development 1 | Passively pursues development opportunities offered 2 | Actively seeks out and pursues professional opportunities 3 |

TOTAL POINTS (all columns) _____

*IU Health reserves the right to contact the preparer to verify reference information.



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