

Pharmacy Technician Program

Health Sciences Education



Indiana University Health

PHARMACY TECHNICIAN PROGRAM Application Packet 2027



IU Health Methodist Hospital
Pharmacy Technician Program
1812 N. Capitol Ave.
Wile Hall, Room 627
Indianapolis, IN 46202

Directions for the Application Packet

- 1) **Read the program booklet thoroughly to ensure that you qualify for the program.**
- 2) **For the application form:** Be sure to complete all 4 pages.
- 3) **For the candidate reference forms:** Ask two people who know or someone you have worked with, such as a supervisor or teacher, to complete the two reference forms. Ask those who fill out your reference forms to return them directly to the Program Director at jfoxlee@iuhealth.org or by mail. IU Health reserves the right to contact your references to verify information on the forms.

[Click Here](#) to download the reference form.

- 4) **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 institutions 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.
 - a. ***If you graduated from a school outside of the United States:*** you must have your transcripts requested and evaluated through ece.org. We require the General Report with Grade Point Average.

Note: Official transcripts may be sent in from the school directly, via email to the program director (jfoxlee@iuhealth.org), in person, or via Parchment. 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 Technician Program Director
1812 Capitol Ave.
Indianapolis, IN 46202

- 5) **To submit your application:** Be sure to have completed everything. Send or bring all forms to the address above or email them directly to the program director Jennie Fox-Lee at jfoxlee@iuhealth.org.
- 6) **Who to call with questions:** For specific questions about this program or its curriculum, contact the program director Jennie Fox-Lee at jfoxlee@iuhealth.org or 317.962.0919.

2027 Application for Admission Pharmacy Technician Program Indiana University Health



Complete all information below. After you complete the application, you can email it directly to the program director, (jfoxlee@iuhealth.org), mail it, or bring it to: **IU Health Methodist Hospital**

Wile Hall-Room 627

ATTN: Pharmacy Technician Program Director

1812 N. Capitol Ave., Indianapolis, IN 46202

Check the box indicating the start date you are applying for:

☐ January 2027 Start (1/25/27)

☐ August 2027 Start (8/2/27)

Application deadline: 11/15/26

Application deadline: 6/1/27

General Information

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

Residency

Are you a United States Citizen or possess a Permanent Residence Visa (Green Card)?

☐ yes ☐ no

Documentation may be required.

Educational Background

Education Level	Name of School	Dates Attended		Major Area(s) of Study	Degree/Diploma Type
High School		From:	To:		
College		From:	To:		
College		From:	To:		
Vocational/ Technical		From:	To:		

Note: Applications are not considered complete until we receive all application forms (completed application with essay, two reference forms, & 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. **If you graduated from a school outside of the United States:** you must have your transcripts requested and evaluated through ece.org. We require the General Report with Grade Point Average.

Current IU Health Employees

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

Please list most recent employment first. If you have held more than two positions, please attach a resume indicating your employment.

Hire Date: _____ Employer: _____

Current Job Title: _____ ☐ Homemaker ☐ Currently unemployed

Write a brief description of the position's responsibilities:

Hire Date: _____ Employer: _____

Current Job Title: _____

Write a brief description of the position's responsibilities:

Prior IU Health Employment

Have you ever been employed by IU Health? ☐ no ☐ yes

(If yes, please list dates of employment): _____

Have you ever been **involuntarily terminated** from **ANY** healthcare facility? ☐ no ☐ yes

If yes, please complete the following:

Date termed: _____ 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 for IU Health and obtain an Indiana Pharmacy Technician-In-Training License from the Indiana Professional Licensing Agency. Information on how to complete the background check will be provided in the acceptance packet.

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.

I understand that all accepted students must meet all requirements of the program and clinical facilities by the deadlines specified by the program for acceptance and throughout the entirety of the program. These requirements will be provided to accepted students and are subject to change as needed.

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? This will help us better reach our future students. Thanks for your input.



Indiana University Health

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?