Moraine Valley Community College

Introduction to Pharmacy Technician Application

Building M, Room M150

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Please fill out this form and return it to Syreeta Brown in Building M, Room M150,
or email the form to browns379@morainevalley.edu.

Student Information

Student's Name _____

Birth Date _____ Race/Ethnicity _____

Address _____

_____

Phone _____ Email _____

Employment Status _____ Level of Education _____

Past Occupation _____

INTERESTED TERM

☐ Summer 2024 ☐ Fall 2024 ☐ Spring 2025

INTERESTED TIME

☐ Day Class 10-11:30 a.m. ☐ Evening Class 6-7:30 p.m. ☐ Both/I'm flexible

Questionnaire

1. Why do you want to pursue a career as a pharmacy technician? _____

_____

_____

2. Have you ever taken classes at Moraine Valley Community College?
   If so, what was the course/program, and did you successfully complete it? _____

_____

_____

3. What are some of your academic strengths? _____

_____

_____

continued ▶

Introduction to Pharmacy Technician Application *(cont.)*

4. What could be a potential barrier that would hinder you from completing the course? _____

_____

_____

5. Do you have a vehicle to travel to and from clinicals? _____

_____

_____

6. Do you have access to WiFi and a working desktop/laptop at home for hybrid learning? _____

_____

_____

After completing the course, we ask that all participants submit a course evaluation and complete a short interview. The evaluation will be given on the last day of class, and the short interview will take place two months after completing your clinicals. Please sign below stating that the above information is correct and that you will complete the end of the course evaluation and interview with the Corporate, Continuing and Community Education department.

Student's Signature_____ Date _____

Confidential when completed.