



Application for admission to:  
**PHARMACY TECHNICIAN**

*Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.*

**Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at [www.austincc.edu/health](http://www.austincc.edu/health) or you may obtain a copy from the Health Sciences Admission Office.**

**PLEASE PRINT OR TYPE**

Application Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name in Full: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number & Street County City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_

or Student ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_

Please select one of the following:  Classroom  Online  or 1<sup>st</sup> available  
(Note: We may not be able to offer both options at all times due to enrollment trends. Most classes are offered in both, online and classroom settings.)

Please select one of the following:  College Credit or  Continuing Education

Have you ever before made an application to any Austin Community College Health Sciences programs?

Yes  No

If yes, what program? \_\_\_\_\_

When: (approximate date) \_\_\_\_\_

**It is the student's responsibility to:**  
**Return this application to the Health Sciences Admission Office at the Eastview Campus. It may be returned by mail or in person. DO NOT FOLD! If you need further assistance, contact the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Austin, TX 78702) or call at (512) 223-5700. Additional information on the web: <http://www.austincc.edu/health>.**  
**Please note: Students must keep mailing address current with the Health Sciences Admission Office as well as the Admissions and Records Office.**

**Give information concerning high school(s) attended or G.E.D.:**

Name of School	City & State	Date of Completion

**Give information concerning college, university, vocational schools, allied health schools attended:**

Name of Institution	City & State	Number of Credits or Degree Earned

**If testing was done at another school, please submit a copy of the documentation with your application.**

List any licenses or certificates held (ie, LVN, EMT, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that to be compliant with clinical facility requirements a criminal background check will be required prior to admission to the Pharmacy Technician program. Once accepted into the program, the student will be directed to apply for the Technician Trainee Registration.

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page ([www.austincc.edu/health/phra](http://www.austincc.edu/health/phra)) for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

- Yes
- Yes, with reasonable accommodation (OSD documentation required)
- No

If "Yes, with reasonable accommodation" or "No," please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Completion Checklist:

All applicants must have testing: reading and math scores. Visit a campus advisor to determine status.

If you have a previous college degree, then you do not need to take a college assessment test.

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All applicants must complete a mandatory Information Session. See website for this information. Must submit blue INFO form with application.

All applicants must submit Acknowledgement of Regulatory Requirements form – available at Information Session.

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### All applicants must provide a copy of written documentation from a physician for:

Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.

**AND**

Proof of (a) completion of the first two of the Hepatitis B Vaccination series (the third vaccination in the series must be completed by the end of the provisional semester) **or** (b) a serum titer confirming immunity.

**AND**

Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

**AND**

Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

**AND**

Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**

**AND**

Proof of Tetanus-Diphtheria vaccination within the last 10 years.

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**Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.**

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**This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at [www.austincc.edu/health](http://www.austincc.edu/health).**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the admissions committee of the ACC Pharmacy Technician program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

Testing Scores

Math

Reading

Mandatory Information Session Date Requirement:



**NOTES**

