

## APPLICATION FOR ADMISSION | 2020

### PHARMACY TECHNICIAN TRAINING PROGRAM

*In compliance with federal law, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University Medical Center and its Pharmacy Technician Training Program do not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship or loan programs; or employment. In addition, the Vanderbilt University Medical Center and its Pharmacy Technician Training Program do not discriminate on the basis of sexual orientation consistent with the Medical Center nondiscrimination policy.*

### PERSONAL INFORMATION

Full Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CITIZENSHIP / RESIDENCY INFORMATION

\* US Citizenship or permanent residency (a.k.a., green card) is required for all applicants.

\*\* The Test of English as a Foreign Language test (TOEFL) is required for students for whom English is not their first language. A total TOEFL score of at least 88 on the internet-based version and 570 on the paper-based version is required.

Are you a US citizen:  YES  NO If not a US citizen, are you a permanent resident?  YES  NO

If permanent resident, USCIS # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Enclose a copy of your Permanent Resident Card (I-551/Green Card) or asylee or refugee documentation with this application.

### EDUCATION INFORMATION

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

List all higher education institutions attended. Including any or all Pharmacy Technician Program previously attended.  
(Please add separate sheet if additional space needed.)

College/University	Degree/Major	Dates of Attendance
1. _____	_____	_____ to _____
2. _____	_____	_____ to _____
3. _____	_____	_____ to _____
4. _____	_____	_____ to _____

Academic Honors Awarded:

\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCES**

Professional Organizations:

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Extra-Curricular Activities:

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Volunteer Work:

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**EMPLOYMENT INFORMATION**

*Please list in reverse chronological order (starting with the most recent).*

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

May we contact this employer?  Yes  No If no, please state reason: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

May we contact this employer?  Yes  No If no, please state reason: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

City, State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

May we contact this employer?  Yes  No If no, please state reason: \_\_\_\_\_

## PROFESSIONAL LICENSURE/CREDENTIALS

License/Credential: \_\_\_\_\_ Issuing State / ID #: \_\_\_\_\_

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License/Credential: \_\_\_\_\_ Issuing State / ID #: \_\_\_\_\_

## REFERENCES

List names and affiliations of three professionals that you have asked to write recommendation letters on your behalf. Recommendations from academic- and work-related experiences are considered professional. Only three references will be evaluated with your application; additional references need not be sent.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Length of Relationship: \_\_\_\_\_

## PERSONAL STATEMENT

Your personal statement should address why you wish to become a Pharmacy Technician, and what experiences you have had that will allow you to succeed in the program and in the profession of pharmacy. Your statement should include a brief description of the job responsibilities of a pharmacy technician and what attributes you possess that will help you develop competencies in those roles of a pharmacy technician. Your personal statement should not exceed two pages in length.

## ACTIVITY STANDARDS

### *Physical Activity Standards*

Pharmacy Technicians must be able to perform a variety of physical movements in order to care for patients and manipulate heavy equipment. Any student admitted to the Program must acknowledge his/her ability to carry out the following technical standards with or without reasonable accommodations:

- "Medium Work" category requiring exertion up to 50lbs of force occasionally and/or up to 20 of force frequently and/or
- up to 10 of force continually to move objects.
- Occasional: Sitting: Remaining in seated position
- Frequent: Standing: Remaining on one's feet without moving.
- Frequent: Walking: Moving about on foot.
- Frequent: Lifting under 35 lbs: Raising and lowering objects under 35 lbs from one level to another
- Frequent: Lifting over 35 lbs: Raising and lowering objects from one level to another, includes upward pulling over 35 lbs,
- with help of coworkers or assistive device
- Frequent: Carrying under 35 lbs: Transporting an object holding in hands, arms or shoulders, with help of coworkers or
- assistive device.
- Frequent: Push/Pull: Exerting force to move objects away from or toward.
- Frequent: Bending/Stooping: Trunk bending downward and forward by bending spine at waist requiring full use of lower
- extremities and back muscles
- Frequent: Balancing: Maintaining body equilibrium to prevent falling when walking, standing, crouching or maneuvering
- self, patient and equipment simultaneously while working in large and small spaces
- Frequent: Climbing: Ascending or descending stairs/ramps using feet and legs and/or hands and arms.
- Frequent: Kneeling: Bending legs at knees to come to rest on knee or knees.
- Frequent: Crouching/Squatting: Bending body downward and forward by bending legs and spine. Reaching above
- shoulders: Extending arms in any direction above shoulders.
- Frequent: Reaching above shoulders: Extending arms in any direction above shoulders.
- Frequent: Reaching below shoulders: Extending arms in any direction below shoulders.

- Frequent: Handling: Seizing, holding, grasping, turning or otherwise working with hand or hands.
- Frequent: Fingering: Picking, pinching, gripping, working primarily with fingers requiring fine manipulation.
- Frequent: Bimanual Dexterity: Requiring the use of both hands.
- Continuous: Communication: Expressing or exchanging written/verbal/electronic information.
- Continuous: Auditory: Perceiving the variances of sounds, tones and pitches and able to focus on single source of auditory information
- Continuous: Vision: Clarity of near vision at 20 inches or less and far vision at 20 feet or more with depth perception, peripheral vision, color vision.
- Continuous: Smell: Ability to detect and identify odors.
- Occasional: Pathogens: Risk of exposure to bloodborne pathogens and other contagious illnesses.
- Frequent: Chemicals and Gasses: Medications, cleaning chemicals, oxygen, other medical gases used in work area.

### **Intellectual and Emotional Standards**

A pharmacy technician must also possess intellectual and emotional qualities that permit adequate care for patients and response to unexpected or emergent situations. Any student admitted into the program must acknowledge his/her ability to demonstrate the following qualities with or without reasonable accommodations:

- Problem solve and interpret data in both routine and emergent situations
- Empathy
- Emotional stability and maturity
- Courtesy and compassion to patients and their families, as well as co-workers
- Adaptability and flexibility to clinical or didactic schedule changes
- Follow protocols and organize data accurately to ensure proper dispensing of medications
- Maintain patient confidentiality

### **IMMUNIZATION REQUIREMENTS**

Upon acceptance, students must provide written documentation of the following:

- Two (2) negative TB skin tests within the past 12 months with the most recent being within the past three (3) months. If history of a positive skin test is present, a chest x-ray within the past 6 months will be necessary.
- If born on or after January 1, 1957: two (2) live measles vaccinations after the 1st birthday at least one month apart OR MMR vaccination since 1989 OR laboratory evidence of immunity to measles, mumps and rubella
- Laboratory evidence of immunity to varicella (chickenpox) or immunization series
- Hepatitis B immunization (series of 3 injections), immunization series in progress or informed refusal of immunization
- Tetanus/Diphtheria booster within the past 10 years (Routine adult Td boosters and the childhood DTP/DTaP vaccines do not satisfy this requirement)
- Annual influenza vaccine

### **APPLICANT CHECKLIST**

Applications must be delivered to the Office of the Pharmacy Technician Training Program at the address below, with postmarks dated on or before the deadline listed below. **ALL SUPPORTING APPLICATION DOCUMENTS FOUND IN THE CHECKLIST BELOW MUST BE SECURED BY THE APPLICANT AND INCLUDED WITH THE APPLICATION FOR ADMISSION IN ONE MAILING ENVELOPE.** Failure to follow these instructions will result in points deducted from your final applicant ranking score.

Full submission of application materials by the applicant MUST include the following:

- \_\_\_\_\_ Completed application (postmarked by October 30<sup>th</sup>, 2020)
- \_\_\_\_\_ \$50 non-refundable application fee (check/money order payable to VUMC – do NOT send cash)
- \_\_\_\_\_ Passport sized photo
- \_\_\_\_\_ Personal statement
- \_\_\_\_\_ 3 letters of reference and reference forms in sealed envelope(s)

*I certify that the information given on this application is complete and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal or denial of consideration. I understand that an offer of admission will require compliance with the Activity Standards and Immunization Requirements outlined in this application. I understand that if selected for admission to this program, my acceptance is conditional on successfully completing a background check conducted by Vanderbilt University Medical Center. I understand that my acceptance to the program is contingent upon the successful completion of any outstanding prerequisites (if applicable) and that verification must be provided to the Program prior to matriculation. I understand that all documents submitted to Vanderbilt University Medical Center will be retained permanently by the Program regardless of my admission status.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed application packet (reference checklist above) to the following address:

*Pharmacy Technician Training Program  
Attn: Nichole Foster  
726 Melrose Avenue  
Nashville, TN 37211*

Vanderbilt University Medical Center | Pharmacy Technician Training Program  
726 Melrose Avenue, Nashville, TN 37211 (615).322.6871