

## School of Pharmacy Technology Application

### Instructions:

1. Please complete all fields of the application for admission.
2. Include a copy of your high school diploma or GED equivalent
3. Include a recent resume
4. Sign Tuition Attestation Statement
5. Include a signed Background Information Release Form
6. Minimum Requirements: **Applicants for the program must have meet one of the following requirements:**
  - Minimum 2 years college-level coursework (must provide transcripts) **OR**
  - Minimum 5 years professional work experience (must provide resume) **OR** -
  - Submit ACT or SAT scores for review
7. Return to the Cleveland Clinic School of Pharmacy Technology by one of the following methods:

**Email:** [pharmacytech@ccf.org](mailto:pharmacytech@ccf.org)

**Mail:**

Cleveland Clinic School of Pharmacy  
Technology Attention: Brigid Whelan  
c/o Department of Pharmacy  
9500 Euclid Avenue, Hb-110A  
Cleveland, Ohio 44195

Interviews will be scheduled with select candidates to determine eligibility into the program. Candidates may email [pharmacytech@ccf.org](mailto:pharmacytech@ccf.org) with any questions.

The State of Ohio requirements for pharmacy technicians:

1. The person is eighteen years of age or older.
2. The person possesses a high school diploma, possesses a certificate of high school equivalence, or was employed prior to April 8, 2009, as a pharmacy technician without a high school diploma or a certificate of high school equivalence.
3. The person has passed an examination approved by the state board of pharmacy to determine a person's competency to perform services as a pharmacy technician.
4. Except as otherwise provided in this section, the person has submitted to a criminal records check in accordance with section [4776.02](#) of the Revised Code as if the person was an applicant for an initial license who is subject to that section, and the results of the criminal records check provided as described in that section and section [4776.04](#) of the Revised Code do not show that the person previously has been convicted of or pleaded guilty to any felony in this state, any other state, or the United States

## School of Pharmacy Technology Application for Admission

**Name:** \_\_\_\_\_  
First Middle Last Former

**Permanent Address:** \_\_\_\_\_  
Number and Street Apt# City State Zip

**Contact Information:**

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

**Email:** \_\_\_\_\_

**Gender:**

☐ Male ☐ Female

**How did you find out about this school?**

*(Cleveland.com, Facebook, Google, Cleveland Clinic Website, Friend, Relative, CCF Employee, Brochure, etc.)*

**Emergency Contact Information:**

\_\_\_\_\_  
Name Phone Relationship

**Professional or Academic References:**

\_\_\_\_\_  
Name Organization Title Phone Email

\_\_\_\_\_  
Name Organization Title Phone Email



**PLEASE INCLUDE A COPY OF HIGH SCHOOL DIPLOMA OR GED EQUIVALENT WITH APPLICATION**

**Education History:**

High School	Years Attended	
Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College or Technical Program	Years Attended	Program of Study
Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College or Technical Program	Years Attended	Program of Study
Did you graduate? Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**PLEASE INCLUDE A CURRENT RESUME WITH**

**APPLICATION Employment History:**

Are you currently employed? Yes ☐ No ☐

Employer Name	Position Held	From (date) to (date)
Employer Name	Position Held	From (date) to (date)
Employer Name	Position Held	From (date) to (date)
Employer Name	Position Held	From (date) to (date)

**Please use the space below to explain what interests you about a career as a pharmacy technician:**

Approved ☐ Declined ☐ Session: \_\_\_\_\_

**Authorization to work / study in the United States**

1) Are you legally authorized to study in the United States? Yes ☐ No ☐

2) Are you legally authorized to work in the United States? Yes ☐ No ☐

**Tuition Attestation**

Tuition for the program is \$2,500. \$500 is due by the start of the program with the balance being paid in monthly installments throughout the remainder of the program. Federal financial assistance is **not** available. The tuition covers all program costs including books, uniforms, lab fees, materials, etc. There are no additional costs outside of the program tuition.

By signing below, I acknowledge my understanding that if accepted into the program, I am completely responsible for the full payment of tuition for the CCF Pharmacy Technician program and pledge to pay the balance owed before my graduation date.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_

Please complete this release form as part of the application process

**BACKGROUND INFORMATION RELEASE FORM**

I hereby authorize the Cleveland Clinic to contact any law enforcement agency and/or other governmental agency who may aid the Cleveland Clinic in determining suitability for employment. I release those individuals and or organizations contacted from all liability whatsoever for issuing the requested information. I am aware that the clearance process may include fingerprinting. I acknowledge that the Cleveland Clinic will conduct required searches of federal exclusionary lists to include the Office of Foreign Asset Control, General Services Administration, and Health and Human Services.

**PLEASE READ CAREFULLY BEFORE SIGNING:**

Have you ever been convicted of, or pled guilty to, any felonies? Yes ☐ No ☐

If you have answered yes, please explain:



Have you ever been dismissed, suspended, expelled, placed on probation or otherwise involuntarily separated from any other college, university or high school, or withdrawn to avoid such involuntary separation?

Yes ☐ No ☐

If you have answered yes, please explain:

I hereby provide the following information so that background checks may be initiated for verification. I am aware that issuance of a Cleveland Clinic ID Badge does not guarantee final placement as an employee.

Are you being considered for: FT/PT CC Employment ☐ PRN/Temp CC Employment ☐

Volunteer ☐ Student ☐ Vendor/Contractor ☐

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**Employer/School:** Cleveland Clinic School of Pharmacy Technology

**Print Full Name:** \_\_\_\_\_

**Any Other Legally Known Name:** \_\_\_\_\_

**Employee Number (to be assigned by the ID Badge department):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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

**Apt#:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Prior Address:** \_\_\_\_\_

**Visa / Passport Number (if applicable):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hospital Name:** Cleveland Clinic Main Campus

**NOTE:** A \$25 fee is required to register as technician trainee with the Ohio Board of Pharmacy. This fee is the student's responsibility.

Return to the Cleveland Clinic School of Pharmacy Technology by one of the following methods:

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Mail: Cleveland Clinic School of Pharmacy Technology  
Attention: Brigid Whelan  
c/o Department of Pharmacy  
9500 Euclid Avenue, Hb-110A  
Cleveland, Ohio 44195