

Pharmacy Technology Application

Applicant Information

Full Legal Name			
Student Identification #(A number) or Social Security Number			
Home Mailing Address			
City, State, and Zip Code			
High School Name /GED		Year of Graduation	
Phone			
E-Mail Address			

Please note that an email address is **REQUIRED**. All applicants are notified of their status via email.

Please indicate the program in which you want to be evaluated. Choose one program only

- Pharmacy Technology (AS Degree) on campus
- Pharmacy Technology (certificate) on campus
- Pharmacy Technology (AS Degree) Distance Education/online
- Pharmacy Technology (certificate) Distance Education/online

Have you attended previous colleges other than VU? Please note this includes colleges/universities attended while in high school for dual credit. No Yes, please list all colleges/universities below. **Include copies of your transcripts with your application.** List colleges: _____

Have you ever been convicted of a felony or misdemeanor? No Yes, please explain: _____

_____ please refer to our website www.vinu.edu/healthcareers for information on our criminal history policy/procedure.

Do you currently have any criminal charges pending or are you involved in a pre-trial diversion? No Yes, please explain: _____

Do you currently hold or have you ever held licensure for any health care related field? No Yes
 if yes, please list: License _____ State _____ Has there been any disciplinary action taken against this license or have you ever been denied licensure/permit for any health care profession? No Yes:
 Please explain on the other side of this application.

Vincennes University does not discriminate based on race, religion, color, national origin or ancestry, age, sex, sexual orientation, or handicap or against disabled veterans and veterans of the Vietnam Era, or other non-merit factors in its employment or educational programs or activities.

The receipt of this application does not imply that the applicant will be admitted to the program. By signing below you certify that you have received copies of VU's Pharmacy Technology general information, policies and procedures, including health form requirements, criminal history and drug screening requirements located in the general information packet at www.vinu.edu/healthcareers. If selected for admission, the applicant understands that all requirements listed in the general information and/or admission acceptance packet are required and agrees to fulfill all requirements at the applicant's expense.

Signature

Date

By signing above, you affirm that the information on this application is correct. Falsification of your application may result in your denial of admission to the College of Health Science and Human Performance and/or Vincennes University.