



**ALLIED HEALTH TRAINING      STUDENT NAME: \_\_\_\_\_**  
**CONTINUING EDUCATION      STUDENT ID/V#: \_\_\_\_\_**  
**PHARMACY TECHNICIAN**  
**ADMISSION REQUIREMENTS**

**Every item listed must be met and submitted to apply**

- Completed Allied Health Continuing Education Registration Form attached to this packet; which may also be located online at [www.victoriacollege.edu/healthcareprofessions](http://www.victoriacollege.edu/healthcareprofessions)
- Photocopy of Driver’s license or state issued ID
- Applicant must provide a valid email address, as this will be how applicant will be contacted
- Financial Aid (FAFSA) completion, if applicable, is required prior to turning in application. Payment is due at time of registration – The cost of the course is \$880 which includes tuition and textbook.  
 \*\*FAFSA Confirmation Number or write “Private Pay”\*\* \_\_\_\_\_ (Required, if applicable)  
 \*\* Please, write Private Pay if choose to pay out of pocket. No payment plans are available.
- High School diploma or GED is not required to take course, however to be eligible to sit for the ExCPT Pharmacy Technician Exam, you must be within no more than 60 days of successful completion of high school diploma or GED.
- \*\*If accepted;* a ten panel drug screen will be required.
- \*\*If accepted;* FBI background check via Texas Board of Pharmacy; Background check information will be provided for completion after acceptance into the course.

**ONLY COPIES WILL BE ACCEPTED. RECORDS SUBMITTED FOR APPLICATION PROCESS ARE NOT MAINTAINED. IT IS IMPORTANT APPLICANT KEEPS ORIGINAL DOCUMENTATION.**

- Dear Applicant: Due to lack of physical space, the AHCE office will only accept copies of records submitted for the current application process. After the process ends, all documentation is shredded to maintain confidentiality. Therefore, it is imperative you maintain your original records. Additionally, it is very important that all applicants understand that acceptance of an application does not automatically guarantee a seat in the course. Each class has a minimum enrollment requirement and is subject to cancellation if not met. Also, please note, that all required documentation must be submitted by the deadline for consideration. All dates/deadlines can be located at [www.victoriacollege.edu/healthcareprofessions](http://www.victoriacollege.edu/healthcareprofessions). Lastly, applicants are required to notify the Allied Health CE staff of any change with their contact information. If we are unable to contact you, it could result in the loss of your enrollment status for the course. Applications are only valid for enrollment period. If you have any questions please contact the AHCE staff for guidance. Thank you.

**ALLIED HEALTH CE Contact Numbers: (361) 582-2412; (361) 582-2420 or (361) 572-6443**

**View current schedule at [www.VictoriaCollege.edu/HealthCareProfessions](http://www.VictoriaCollege.edu/HealthCareProfessions)**

\*\*For staff use: All required documents reviewed and approved by:

Staff signature: \_\_\_\_\_ Date Received \_\_\_\_\_



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**CRIMINAL BACKGROUND CHECK**

- Individual FBI background check via *Texas Board of Pharmacy* website; Background check information will be provided for completion after acceptance into the course:
  
- The following offenses will disqualify an individual from eligibility for admission: (this includes, but is not limited to)
  1. **Registered sex offenders**
  2. **Listed on Texas Department of Aging and Disability Employee Misconduct Registry**
  3. **Felony convictions**
  4. **Felony deferred adjudications involving crimes against persons (physical or sexual abuse)**
  5. **Known or observed abuse or neglect of patients/clients/customers**
  6. **Observed or proven theft**
  7. **Convictions of violent acts (misdemeanor or felony)**
  8. **Misapplication of fiduciary property or property of a financial institution (Class A misdemeanor or felony)**
  9. **Securing execution of a document by deception (Class A misdemeanor or felony)**
  10. **Violence in the workplace**
  11. **Currently on probation**

**FINANCIAL AID**

- To apply for Financial Aid, complete the Free Application for Federal Student Aid (FAFSA) online at <https://fafsa.ed.gov/> or in the Financial Aid office located in the Student Services Building, Room 108. NOTE: You will need your income tax return for the previous year to complete this application.
- One week after FAFSA submission, you will need to contact the Financial Aid office at (361) 572-6415 or [FinancialAid@VictoriaCollege.edu](mailto:FinancialAid@VictoriaCollege.edu) to follow-up on the status of your application. If selected for verification, additional documentation may be required.
- Please allow 4-6 weeks for processing. Financial Aid must be approved prior to course registration.

**IMPORTANT INFORMATION**

- After my application is accepted and verified, it is my responsibility to notify the Victoria College Allied Health CE Office (361) 582-2412 of any changes in my address or telephone number, or status.
- The Allied Health CE office will not give copies of information back to the student.
- The Allied Health CE program admission policies are based on published college policies; Victoria College does not discriminate on the basis of race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status, or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations.
- All accepted students must have a clear FBI background check via *Texas Board of Pharmacy* to continue participation in the course. Background check will be completed after acceptance into the course. Any individual that does not receive clearance will be dismissed from the course and must contact The Allied Health CE Office for results and further information.
- It is responsibility of students to immediately report a status change in their criminal background check.



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**Allied Health Continuing Education Registration Form**

This form may be emailed, mailed through USPS, or delivered in person. (DO NOT FAX)

Allied Health - CE Programs  
 2200 E. Red River Street  
 Health Sciences Center, Suite 136  
 Victoria, TX 77901  
 Phone: (361) 582-2412  
 HealthCareers@VictoriaCollege.edu

Office use only – Term/CRN: \_\_\_\_\_

Student V# \_\_\_\_\_ Course Title \_\_\_\_\_ Date of Class(es) \_\_\_\_\_

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ MI \_\_\_\_\_ Sex \_\_\_\_\_ Primary Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

\*Social Security Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ Employer \_\_\_\_\_

Mailing address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

\*Email address (REQUIRED) \_\_\_\_\_ If HS graduate please provide Year & HS attended \_\_\_\_\_

• I certify that all statements are true and correct.

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_ \*Required

**Demographic Information** (These questions are used by the state to help provide support for VC programs. Not required, but cooperation is appreciated)

1. Please indicate your ethnic origin (check one): African American \_\_\_\_\_ Alaskan Native/American Indian \_\_\_\_\_  
 Asian or Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Non-Resident Alien \_\_\_\_\_ Other (indicate) \_\_\_\_\_

2. Highest level of education (check one): Not a HS graduate \_\_\_\_\_ GED \_\_\_\_\_ HS graduate \_\_\_\_\_ Some college, no degree \_\_\_\_\_  
 State-approved certificate \_\_\_\_\_ Associate Degree \_\_\_\_\_ Bachelor's Degree \_\_\_\_\_ Graduate Degree \_\_\_\_\_

3. Marital Status (check one): Single never married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_

4. Are you currently receiving financial assistance (TANF, SNAP, Unemployment): Yes \_\_\_\_\_ if so what type: \_\_\_\_\_ No \_\_\_\_\_

5. Are you currently reported as a dependent for income tax purposes by a parent or guardian? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Indicate the number of family members, including yourself, whom your parents or you/your spouse support: \_\_\_\_\_

7. Please indicate your household income level (check one): Less than \$20,000 \_\_\_\_\_ \$20,000 - \$39,999 \_\_\_\_\_ \$40,000 - \$59,999 \_\_\_\_\_  
 \$60,000 - \$79,999 \_\_\_\_\_ Greater than \$80,000 \_\_\_\_\_

8. Do you have difficulty speaking, reading, or writing English because it is not your native language? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you devoted yourself to making a home, been left alone because of death, separation/divorce, or an absent spouse and find it necessary to obtain marketable skills? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are you a single parent (divorced, legally separated, widowed, or never married with sole or joint custody of a minor child/children) or a single pregnant female? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Please indicate the HIGHEST LEVEL of education attained by (check on in each column):

	Mother	Father
Eight grade education or less		
Some high school but did not graduate		
A high school graduate/GED		
Some college but no degree		
Associate Degree		
Bachelor's Degree		
Master's/Ph.D.		

**Payment is to be made through Pirate Portal or in-person in the Payments Office located in the Student Services Building. Information will be emailed to you along with your receipt.**