

MOLLOY UNIVERSITY

Division of Continuing Education and Professional Studies
1000 Hempstead Ave., Rockville Centre, N.Y. 11571

Phone: 516-323-3558

Fax: 516-323-3560

Pharmacy Technician Program Application

Please print the following information:

Name: _____

Address : _____

City : _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone:(____) _____

E-mail: _____

Best time to contact you: _____

PROGRAM AND CERTIFICATION REQUIREMENTS

Entrance into the pharmacy technician program requires a high school diploma or equivalent.

Certification takes place through PTCB and is achieved by meeting specific eligibility requirements:

- Earning a passing score on the Pharmacy Technician Certification Exam (PTCE).
- Full disclosure of all criminal and State Board of Pharmacy registration or licensure actions.
- Compliance with all applicable PTCB Certification policies. See www.ptcb.org for details.

APPLICANT EDUCATIONAL INFORMATION

Name of High School : _____ Graduation Date: _____

Additional Education / degrees _____

Do you have any previous experience or opportunities in the healthcare industry? If so, please describe: _____

I understand that to be certified, I must pass a national exam, be subject to criminal and other background checks and not have been placed on a disqualified list for Medicare/Medicaid. I attest that the information on this application is true. I will provide additional documentation as requested.

Applicants Signature: _____ Date: _____

Print name: _____

Please fax or mail this application at least two weeks prior to the start of the classes each semester. Students will be notified of their admission status approximately one week after the receipt of their application.