



Thank you for your interest in our Career Training Program! We are confident you will find this course an exciting and convenient step in achieving your career goals.

To apply for this program, you must complete and submit the following items:

- Phone Interview (Call 1-888-824-6667)**
- Application for Student Enrollment (2 pages)**
- Criminal Background Check Form**
- Student Enrollment Agreement Form**
- Registration Form**
- Student Transcript**
An unofficial copy is acceptable. For students who have been to college, submit your college transcript. For students who have completed high school, submit your high school transcript. For students who received a GED, submit a copy of your scores from the GED exams.
- Letter of Recommendation #1**
Letter of recommendation may be written by an educator, employer, or other professional contact. It is important that the person be able to speak to your character, professional conduct, and motivation.
- Letter of Recommendation #2**

Please feel free to call or email NCP Student Services with any questions. Application documents may be submitted by one of the following methods:

BY MAIL:

National Collegiate Partners
9601 White Rock Trail Ste 109Q
Dallas, TX 75238

BY FAX:

866-362-0364

IN PERSON:

Office of Continuing Education
West Texas A&M University
2403 Russell Long Blvd
Canyon, TX 79015

Application for Student Enrollment									
Enrollment Program: (check one)	I request enrollment in the following program: <input type="checkbox"/> Pharmacy Technician Training								
Campus Location									
Start Date									
How do you plan to pay for the tuition fees?	<input type="checkbox"/> Loan <input type="checkbox"/> Check/Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Payment Plan <input type="checkbox"/> Other:								
Contact Information									
Your Name									
Mailing Address									
City, State, Zip Code/Postal									
Day Phone									
Evening Phone									
Email Address									
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered								
Children/Ages	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>								
How did you hear about our program?									
Emergency Contact Information									
Contact Name									
Address									
Phone Number									
Relationship									

Education

High School Attended	
Location	
Graduation Date	
Graduation Status	YES _____ NO _____ GED _____ In Process _____ Anticipated Graduation Date: _____
College	
College Location	
College Major	
Graduation Status	YES _____ NO _____ In Process _____ Anticipated Graduation Date: _____
Degree / Major(s)	
Why are you interested in enrolling for this course?	
Please explain why you feel you would be a good candidate for this course.	

Criminal and Background Check

Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States or any state laws or local ordinances? You must include all misdemeanor and felony convictions, regardless of the age of the conviction. Traffic violations of \$500 or less need not be reported.

- YES- If "yes," you must attach an explanation including the type of violation, the date, circumstances, location and the complete penalty received.
- NO

NOTE: NCP **will** conduct individual criminal background checks upon your admission into the program. Students must notify NCP of any changes in convictions and or/pending charges which occur after completion of the Criminal History Record Check Form and prior to program completion. Applicants who have been convicted of any felony or drug-related crime may not be admitted to the program. Students whose criminal background checks are deemed unsatisfactory may be denied registration by the State Board of Pharmacy, and therefore will be unable to participate in the internship portion of the program. Students who are unable to complete internship requirements will be suspended from the program and are not eligible for refunds of tuition.

CRIMINAL RECORD CHECK FORM

The purpose of this release form is to obtain permission and notify you, the applicant, that an investigation report will be conducted in the course of consideration of your participation with the company below and may include some or all of the following searches: credit report, driving record, criminal record(s), workers compensation check, and verification of education, employment, reference, and professional license.

In connection with this request, I hereby authorize all corporations, employers, education institutions, law enforcement agencies, city, state, county, and federal courts, military services, and person to release information that they may have about my background history to the company that this form has been filed or their agent, Clear Investigative Advantage LLC. I consent to a background investigation and release the aforesaid parties from any liability and responsibility for obtaining my, the applicant, background history.

Please read and sign this release to acknowledge that you, the applicant, understand and give permission to Clear Investigative Advantage LLC and the company below to access your background history.

PLEASE PRINT CLEARLY

CLIENT

Company Name: National Collegiate Partners

Company Address: 3109 Knox Street #221

City: Dallas State: TX Zip Code: 75205

APPLICANT

Last Name: _____ First: _____ MI: _____

Maiden Name or Aliases Used: _____

Social Security Number: _____ DOB*: _____

Driver License Number: _____ State: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

*Date of birth is required solely for the purpose of verifying background information and insuring the accuracy in the search of public records. It will not be used for any other purpose.

APPLICANT SIGNATURE: _____ **DATE:** _____

**Pharmacy Technician Program
Student Enrollment Agreement Form**

- I have read the informational brochure for this course and understand the course requirements.
- I understand that the skills needed to succeed in this course include basic computer/typing skills (25 WPM) and knowledge of basic algebra.
- I understand that I must have access to a computer and the internet, as well as an e-mail address.
- I understand that this course is offered in an accelerated format, and the time necessary for achievement will be greater than that required for a traditional class.
- I understand that I must have completed my high school education, or be within one to two years of completing my high school education, to take this course. If I have not yet completed my high school education, I understand that I will have a limited amount of time to submit proof of completion of my high school education in order to maintain my certification or registration.
- I understand that in order to succeed in this course a minimum of approximately 12 hours a week of study and homework time is needed outside of class.
- I will inform my instructor of absences that I anticipate over the duration of the course, and I understand that I will only be allowed three absences. Additional absences will result in dismissal from the program.
- I understand that all my student paperwork (application, transcripts) and payment must be received by the office in order to be registered. I understand that I should allow at least one week for my application to be processed for approval.
- I understand that refunds will only be given **five days prior** to the start of the course and a \$250 processing fee will be deducted from the refund due.
- If I choose to apply for a loan, I understand that I am responsible for meeting the terms of the loan and communicating with the lending institution.
- I understand that in order to pass the classroom portion of the program, I must achieve a minimum of 80% average on exams, and a minimum of 80% on the final exam. I also understand that students who fail the classroom portion will not be placed in an internship.

I confirm that I have read, understand and agree to the above requirements for enrollment in this course.

Student Signature

Date

Pharmacy Technician Registration Form

Name _____

_____ Last Name

_____ First Name

_____ Middle Initial

Phone _____

_____ Home

_____ Cell

Soc. Sec. Number _____

Mailing
Address _____

_____ Street or P.O. Box

_____ City

_____ State

_____ Zip

Make Checks payable to: WTAMU Continuing Education

MASTERCARD

VISA

DISCOVER

Exp Date:

Signature: _____

COURSE: Pharmacy Technician Course

FEE: 4495.00

EARLY REGISTRATION FEE: 4295.00

There are three ways to register. Choose the one that's most convenient for you:

METHOD #1: You may register **in person at the continuing education office** on the WTAMU campus. We have no physical mailing address; therefore you must call for directions: 806-651-2037

METHOD #2: You may also **register by fax**. This method may only be used if paying with a credit card. Our FAX number is: **806-651-2957**. (Credit card payment only)

METHOD #3: Or you can **register by mail**:

Attn: Patti Cloe

Pharmacy Tech Registration

WTAMU Box 60495

Canyon, TX 79016

Please note: You must complete an enrollment application prior to registering for the pharmacy technician course. Please call 866-824-6667 if you have yet to receive an enrollment application.