Pharmacy Technician Training Program:

Application

Instructions

1. Please complete all fields of the application
2. Submit a copy of your high school diploma or GED
3. Submit a recent resume
4. Submit a 250-word personal statement describing your interest in the program
5. Submit a letter of recommendation
6. Submit completed application to **OHSUPTTP@ohsu.edu**

Personal Information

Last Name:			
First Name:			
Middle Initial:			
Permanent Address:			
City:	State:----	County:	Zip code:
Phone Number:		Email:	
		Gender: ◯ Male	◯ Female

Ethnic Origin:
◯ Hispanic or Latino
◯ American Indian or Alaska Native (Not Hispanic or Latino)
◯ Asian (Not Hispanic or Latino)
◯ Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino)
◯ Two or More Races (Not Hispanic or Latino)
◯ Black or African American (Not Hispanic or Latino)
◯ White (Not Hispanic or Latino)

Emergency Contact	
Name:	
Relationship:	Phone Number:
Address:	

Are you over the age of 18 years old?	◯ Yes	◯ No
Are you able to maintain Health Insurance through entirety of program?	◯ Yes	◯ No
Are you legally authorized to study in the United States:	◯ Yes	◯ No
Are you legally authorized to work in the United States:	◯ Yes	◯ No

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Educational Background

School	Name & Location	Years Attended	Graduated Y / N	Certificate, Degree or Diploma Earned
High School		From _____ /_____ To _____ /_____		
College or Technical Program		From _____ /_____ To _____ /_____		
College or Technical Program		From _____ /_____ To _____ /_____		

Enrollment History

Employer Name & Location	Years Attended	Position Title
	From _____ /_____ To _____ /_____	
	From _____ /_____ To _____ /_____	
	From _____ /_____ To _____ /_____	
	From _____ /_____ To _____ /_____	
	From _____ /_____ To _____ /_____	

References

Name	Role/Title	Phone Number	Email Address

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Background

Have you been charged or convicted (including a nolo contendere plea or guilty plea) of felony misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

Yes No

If 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placed on probation or otherwise involuntarily separated from any other college, university, or high school, or withdrawn to avoid such involuntary separation?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 yes, please explain:

Equal Enrollment Opportunity

OHSU provides equal opportunities to all individuals without regard to race, religion, national origin, disability, age, marital status, sex, sexual orientation, disability, military reserve status, or any other status protected by law. In order to comply with these laws, OHSU invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations

By submitting this application, I hereby acknowledge that I have read and understand the below statements and certify that all information in this application and all additional information I have submitted is true and complete to the best of my knowledge. I understand that if I am offered enrollment, discovery that I gave false or misleading information may be grounds for denial of enrollment or immediate dismissal if hired. If you do not agree with these statements, please do not proceed with submission of this application.

- ☐ If I am selected as a finalist for a position, I authorize OHSU to contact any and all references I have given on this application. I hereby release all parties and persons connected with any such requests for information from all claims, liabilities, and damages from any reason arising out of furnishing of such information. If I am employed, I release OHSU from any liability for future references it may provide regarding my work history at OHSU.

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- ☐ I understand that if I am selected as a finalist for a position, OHSU will conduct a criminal history check and background check and, for many positions, a pre-enrollment drug test. Successful completion of these screenings is a required condition for enrollment at OHSU. Please note: Pre-enrollment drug tests include screening for marijuana. Because marijuana remains unlawful under federal law, any candidate who tests positive for marijuana will be considered ineligible for enrollment at OHSU and may not reapply to an OHSU position for a minimum of six months.
- ☐ I certify that I have not been excluded/debarred from participating in federal and state healthcare programs. If I am a finalist for a position, I understand that OHSU will complete a search to verify that I have not been excluded/debarred from participating in federal and state healthcare. If found to be excluded/debarred either before or after hire, I understand that I may be immediately dismissed from enrollment at OHSU.
- ☐ In accordance with the federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, the OHSU Department of Public Safety publishes an annual security report. The report lists the previous three years' statistics of criminal activity reported on or near OHSU campuses, institutional policies concerning safety, security, crime prevention, and other related matters. The Clery Act report is available at: http://www.ohsu.edu/pubsafety/pages/clery.html. Prospective employees may obtain a paper copy of the report by calling 503 494-4598 or e-mailing pubsafe@ohsu.edu.
- ☐ I certify that I have not been excluded/debarred from participating in federal and state healthcare programs. If I am a finalist for a position, I understand that OHSU will complete a search to verify that I have not been excluded/debarred from participating in federal and state healthcare. If found to be excluded/debarred either before or after hire I understand that I will be immediately dismissed.

For more info, visit:
https://www.dol.gov/ofccp/regs/compliance/posters/pdf/eeopost.pdf

Attached Documents

- ✓ Diploma or Equivalent
- ✓ Resume
- ✓ Letter of Interest
- ✓ Letter of Recommendation
- ✓ Other

Attestation

To the best of my knowledge, the information submitted in the following application is accurate and truthful

Signature _____ Date _____