



Idaho State University

College of Technology

Pharmacy Technology Program Admission Form

(Fall Semester Start)

Basic Technical Certificate

Program enrollment is on a first come first serve basis.

- ☐ Meet with a College of Technology Student Services advisor or CTE Advanced Opportunities Coordinator) to verify successful registration for/or completion of prerequisite courses
- ☐ Meet with Program Coordinator to discuss program details such as background check and drug screening. You cannot enter the program without meeting the Program Coordinator.
- ☐ Apply for the Certified Background check at <https://mycb.castlebranch.com/>
Package Code: ID41 (**PROVIDE RECEIPT**)
- ☐ Health history/health evaluation form completed
- ☐ Immunizations completed or in progress and reviewed
- ☐ Acceptance letter from Student Services
- ☐ _____ (Signature from Student Services HO Advisor or CTE Advanced Opportunities Coordinator)
- ☐ _____ (Signature from Program Coordinator)

_____ Initial here to acknowledge that you understand drug screening results must be provided to the program coordinator within the specified time. **A drug screening will be required during the fall semester.**

Provide this completed form with the required signatures and documentation to the Pharmacy Technology Program Coordinator. For all dual enrolled students you will be required to be in contact with the Early College and CTE Advanced opportunities coordinator at our college.

The forms have been filled out truthfully to the best of my ability and knowledge. If I plan to withdraw from the program before my start date, I will notify both the Program Coordinator and Student Services. I attest to the accuracy of the above information.

Printed Name

Bengal Id #

Date

Signature

Address

Phone Number

email