University Health

University Health Pharmacy Technician Training Program Application

Department of Pharmacotherapy and Pharmacy Services

Tap or click in a field to type, then save and email to PharmTech@uhtx.com · * Required

Applicant Information

Name *

Date of birth *

Address *

Phone number *

Email address *

Employment and Licensing

☐ Yes ☐ No **1. Are you a current employee with University Health, or have been employed with University Health in the past?***

Current and past University Health employees who wish to apply for the Pharmacy Technician Training Program must meet the following criteria:

- Be in good standing with no formal disciplinary actions in the last two years (Group A, B, or C).
- Have at least six months in their current position.
- Meet all standard program requirements.

☐ Yes ☐ No **2. Are you currently or have you previously been licensed with the Texas State Board of Pharmacy as a Pharmacy Technician Trainee?***

If yes, fill in the following information:

License number: **Expiration date:**

Attestations

By checking the boxes below, I attest that the following statements are true and accurate:

☐ I have a U.S. Social Security number.*

☐ I am at least 18 years old and have a copy of high school diploma or GED.*

☐ I have a home computer and Internet to complete on-line modules.*

☐ I agree to register with the Texas State Board of Pharmacy (TSBP) as a technician in training (to be completed AFTER applicant is offered a student position).*

☐ I agree to take the certified pharmacy technician exam within 7 days after program completion.*

☐ I agree to register with TSBP as a registered pharmacy technician after obtaining certification.*

Student Financial Obligation (Upon Acceptance)

Program tuition	**FREE**
State registration tech in training	$105
State registration RPhT	$84
Certification exam	$129
Certification pre-exam Certification	$19
Practice bank	$65
Scrubs (median price)	$70
Total (approximate)	**$472**

Instructions

1. Complete all required sections above.
2. Save this form, then email it to PharmTech@uhtx.com.
3. Questions? Email PharmTech@uhtx.com.

Signature

"By typing your name below, you confirm that you are the person filling out the application and that you have read and understood the information above."

Type name **Today's Date (MM/DD/YY)**