

Pharmacy Technician Program Registration Form 2009

Submit this form along with proof of eligibility (i.e. transcripts, report cards, COMPASS test scores) to Elaine Chang by appointment only (ph. 734-9138) before class begins.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (Day) _____ Phone (Evening) _____

Email Address _____

I certify that I am able to type accurately a minimum of 40 words per minute.

Student Signature _____

Course No.	Course Title	Fee	Registration Amount
091HSPHT101	Elements of Pharmacy Practice I	\$500	
091HSPHT105	Elements of Pharmacy Practice II	\$400	
092HSPHT110	Elements of Pharmacy Practice III	\$400	
092HSPHT115	Pharmacy Technician Practicum	\$400	
092InsHSPHT	Liability Insurance	\$15	
093HSPHT120	Elements of Pharmacy Practice V	\$400	

Total _____

VISA MasterCard Card No. _____

Expiration Date _____

Card Holder's Name (Please Print Clearly) _____

Authorized Signature _____

Do Not Write in this Section:

English _____ **Math** _____

Authorized Signature _____