

Name_

Pharmacy Technician VIRTUAL Admission Criteria Checklist

K#

| Address_ | | City | | |
|----------------------------|--|--|---------------------|--|
| State | Zip Code | Phone Number () | E-mail | |
| Instructio | ns: Place a mark (X) by comple | ted items. | | |
| | Complet | ed by Student for Program Admission | For office use only | |
| 1 | Submit application to Kirkv | ood, listing Pharmacy Technician as you | r major App date: | |
| 2 | | ents with reading, writing, and math by | | |
| | | Kirkwood. Math scores must be within th | l Date: | |
| | ALEKS testing can be compl | ing scores must be within the last 3 years | Test: | |
| | ALLING TESTING CAN be compr | eted in My Hub. | | |
| | o Reading: ACT (19) o | Next Gen Accuplacer (249) | Date: | |
| | _ | or Next Gen Accuplacer (254) | Test: | |
| | o Math: ALEKS (30%) | or ACT (19) | Date: | |
| 3 | Attend college-wide orient | ation, Date: | | |
| 4 | Meet with an advisor (will | oe completed if attended in person orien Date: | | |
| 5 | Attend a program conferen | | | |
| 6a | Complete the Program Con | ference Quiz: | | |
| | 1. When are students add | nitted into the program? | | |
| | | ompleted before admission into the prog | ram? | |
| | 3. When is clinical compli | ance required? | | |
| 6b | Quiz responses: | | | |
| | | | | |
| | 2 | | | |
| | 3 | | | |
| | | | | |
| VIRTUAL SUBMISSION PROCESS | | | For office use only | |
| | After watching the virtual program conference, when received, fill out & save the checklist to your electronic device. Then, e-mail a copy of your checklist (when 5 and 6 are | | | |
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| | completed) to the Pharmacy Technician office to Kristi.Hanson@Kirkwood.edu . 2) Requirements 1-6 will need to be met to be eligible to register for Pharmacy Technician | | | |
| | ogram Classes. | | | |
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Kirkwood Community College | Pharmacy Technician Program Linn Hall | 6301 Kirkwood Blvd SW | Cedar Rapids, IA 52404 Phone: (319) 398-5626 | Fax: (319) 398-5432 Please keep all contact information updated in MyHub.

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