



# WALLACE STATE HANCEVILLE

## Pharmacy Technology Program Application Checklist

Applications Deadline June 1<sup>st</sup>  
After June 1<sup>st</sup> will be considered on a space available basis

**Prior to APPLICATION to the program, the following must be completed:**

**Submit to the Admissions Office**

- WSCC application or Re-entry form
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate
- Any other documents required by Admissions

**All information must be submitted by the program application deadline to be considered for program admission.**

**Submit a complete program application to the PHM Program Director**

- PHM Program Application  
Upon acceptance to the program, students will be required to submit to drug testing. Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at <http://www.wallacestate.edu/programs/health.html>.
- Copy of Current Driver's License or ID Card

**An orientation interview with the Program Director is recommended prior to application to the program.**

All information must be included for this packet to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax. It must be delivered in person or via mail by the deadline date.

**YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT.**

**NOTE:** It is the responsibility of each applicant to ensure that the application is complete and that all information is on file.

You will be **notified by mail** if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or Pharmacy Technology departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.

**ACKNOWLEDGMENT OF RECEIPT OF DRUG AND ALCOHOL TESTING POLICY**

I certify that I have received a copy of Wallace State Community College's Drug Testing Policy and Guidelines. I have read and understand the requirements of the policy and guidelines.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Student's Name Printed

\_\_\_\_\_  
Parent's/Legal Guardian's Signature (If student is a minor)

