

INSTRUCTIONS FOR SUBMITTING SCREENING FORM Pharmacy Technician (PHM)

*Submitting a screening form declares your intent to be considered for the
Pharmacy Technician Certificate Program*

Screening Form Submission

Complete this Screening form and submit it to the Office of Registration Services:

Email: PHM-Admissions@clcollinois.edu

Fax: (847) 543-3061

Mail: Office of Registration Services
19351 West Washington Street
Grayslake, IL 60030-1198

In Person: Welcome and One Stop Center, Grayslake Campus, B114

Screening Deadlines

- Screening must be complete prior to the start of the first day of class for the fall semester:

Screening Form Verification

Please confirm that the Office of Registration Services has received your screening form and other documents.

You may do so via:

Email: PHM-Admissions@clcollinois.edu

Phone: (847) 543-2061

In Person: Welcome and One Stop Center, Grayslake Campus, B114

Request for Screening

Pharmacy Technician Certificate Program (PHM)

The Pharmacy Technician Certificate Program is a limited enrollment program that requires a screening procedure. The program will admit students on a first come basis until a cohort is filled provided students meet minimum admission requirements. Preference will be given to residents of Community College District 532.

This form must be completed and submitted to the Office of Registration Services by the screening deadline of the semester for which you desire admission. Screening requirements need to be completed prior to the screening deadline.

Screening Deadline:

Fall Admission: prior to fall start date

Name: _____ CLC Student ID#: _____
Former or Maiden Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Postal: _____
Phone: _____ Admission Term: Fall Year: _____

Educational History

I have submitted the following to the Registration Services Office (check all that apply):

- Official High School transcripts with graduation date OR Official GED test scores
- Official College transcripts with graduation date and degree awarded
- Official Foreign High School or College transcripts evaluated by a NACES approved agency

If you have coursework from another school that could be used to meet program requirements, you must submit a Transfer Credit Evaluation form. The form is included with this packet and available at www.clcillinois.edu/studentforms.

Selection Criteria

I have met the following minimum selection criteria to screen (check all that apply):

- 18 years of age
- College Reading and Writing Readiness, and Basic Algebra Readiness

Admissions to the program

- Certain vaccinations, a drug test and a background check are required for program completion.

I have read and understand the information contained in this Screening Request form. I believe I am/will be ready for screening consideration for admission to the Pharmacy Technician Certificate Program by the deadline date for the term and year that I have indicated above (including that I will be at least 18 years of age by the start of the program). I understand that it is my responsibility to ensure that all of the above requirements are met prior to the screening deadline.

Student Signature

Date



Pharmacy Technician Certificate Screening Form	
	Notes
Academic Reporting (Official Transcript)	
<input type="checkbox"/> Highschool Transcript	
<input type="checkbox"/> College Transcript	
Proficiency:	
<input type="checkbox"/> College Algebra Readiness	
<input type="checkbox"/> College Reading and Writing Readiness	
Age Requirement	
<input type="checkbox"/> 18 years of age	
Acknowledgement:	
<input type="checkbox"/> Certain vaccinations, a drug test and a background check are required for program completion	

Outcome/Letter