

Yale New Haven Hospital

Pharmacy Technician Training Program Application

A. PERSONAL DATA

Full Name:

*Last**First**Middle**Maiden*

Permanent Address:

*Street**City**State**Zip*

Mailing Address:

*Street**City**State**Zip*

Phone Number:

*Home**Business**E-Mail*

Emergency Contact:

*Name**Relationship**Address**Phone Number*

B. EDUCATION

School	Name & Location	Years Attended	Graduated Y/N	Certificate, Degree or Diploma Received
<i>High School</i>	_____	From ____/____/____ To ____/____/____	_____	_____
<i>College</i>	_____	From ____/____/____ To ____/____/____	_____	_____
<i>Allied Health Program</i>	_____	From ____/____/____ To ____/____/____	_____	_____

C. EMPLOYMENT

Name & Address	Type of Business	Period of Employment	Position Held	Reason for Leaving
_____	_____	From ___/___/___ To ___/___/___	_____	_____
_____	_____	From ___/___/___ To ___/___/___	_____	_____
_____	_____	From ___/___/___ To ___/___/___	_____	_____
_____	_____	From ___/___/___ To ___/___/___	_____	_____

D. REFERENCES

How did you hear about the program? **If referred by an YNHH employee please list their name below.**

E. MISCELLANEOUS

Have you ever been convicted of a felony or misdemeanor? Select one: Yes No if yes, please explain:

Please be advised that having a criminal background may prevent you from taking the credentialing exam or obtaining employment. Each credentialing organization will consider, for determination of eligibility, any felony or misdemeanor conviction on a case by case basis. If you have any concerns, you may contact the credentialing organization directly.

The information submitted on this application is true to the best of my knowledge. False statements will be grounds for rejection or dismissal. Permission is granted to check with previous educators and/or employers.

Please return this application form to Sharee Parker, at sharee.parker@ynhh.org
Program Coordinator, YNHH Pharmacy Technician Training Program