

Hawaii Institute of Healthcare & Training Services (HIHTS)

Pharmacy Technician Training Program

1059 Kilauea Avenue

Hilo, Hawaii 96720

Tel.: (808) 933-1295 or (808) 933-1266 Fax: (808) 933-2722

Email: hihts@live.com Website: www.hihts.us

APPLICATION FOR PHARMACY TECHNICIAN TRAINING

Name: _____

Social Security No.: _____

Address: _____

Phone: (Residence): _____

(Cell) _____ (Work) _____

Email (please print) _____

Are you 18 years age or older? Yes No

What languages do you speak? _____

U.S. Citizen? Yes No Alien/Green Card? Yes No Alien Card #: _____

How did you hear about Hawaii Institute of Healthcare and Training Services? _____

Have you ever been convicted of a crime or had traffic violation(s) by any court? Yes No

(If Yes, please explain nature of the incident and current status) _____

If applicable, will you be able to provide letters from your probation officer? _____

If Applicable, will you be able to provide at least three (3) letters of recommendation? _____

Emergency Contact Person: _____ Phone: _____

Address: _____

SCHOLARSHIP INFORMATION (If applicable)

<u>Course Code</u>	<u>Cost</u>	<u>Course Title</u>	<u>Date(s)</u>	<u>Time</u>
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Company/Agency Name: _____ Contact Person: _____

Address: _____ Phone: _____

Fax: _____

Covered Cost _____

FOR OFFICE USE ONLY

Registration No.: _____ Acct. No. _____ Initial: _____

REGISTRATION FEE: \$250.00

TO REGISTER PLEASE CALL: 933-1295

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STUDENT AGREEMENT

I, _____ (student name), agree to release and hold harmless Hawaii Institute and Healthcare & Training Services, its staff and clients, who provides my training and/or clinical practice from any accidents or misconduct that arises during the period of my training.

I certify that all statements made here on this application are true to my knowledge and agree to pay all tuition costs and will not be allowed to graduate until all tuition balance is paid in full.

Student's Name (printed)

Date

Student Signature

Date

I give consent to use any video or photography on HIHTS website to promote any and all classes. (If signature is not provided, consent is not given)

Student's signature over printed name

Date

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STUDENT NAME: _____

ADMISSION REQUIREMENTS (obtained throughout the course dates):

- Eighteen (18) years of age or older
- High School Graduate or GED
- Completed application form
- Enrollment Agreement
- Pre-registration fee (non-refundable)
- Pre-screening Test

OTHER REQUIREMENTS:

1. Scrub uniform
2. White Shoes
3. Notebook/Pen/Pencil

SCHEDULE OF CHARGES:

\$250.00 Non-Refundable Pre-Registration

\$367.50 1st Week of Class

\$367.50 2nd Week of Class

Total cost \$985.00

TUITION DISCLAIMER:

Failure to pay may result in cancellation of registration or suspension of class. Only cash, checks, and credit cards are accepted. Checks payable to: **Hawaii Institute Healthcare & Training Services (HIHTS.)**

Signature of Student: _____ **Date:** _____