

Pharmacy Technician Training Initiative

P.T.T.I.

Greensboro Area Health Education Center *ℳ* **Office of Health Careers & Workforce Diversity**
1200 N. Elm Street *ℳ* Greensboro, NC 27401-1020 *ℳ* **Phone:** 336.832.8266 **Fax:** 336.832.2851

APPLICATION FORM Section 1 - PERSONAL INFORMATION

NAME: (Last, First, Middle) _____

AGE: _____ GENDER: Male _____ Female _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

WHAT IS YOUR UNDERGRADUATE MAJOR: _____

CLASSIFICATION: (Please check one) Sophomore _____ Junior _____ Senior _____

GRADE POINT AVERAGE (GPA): _____

RACE: Black/African American _____; White/Caucasian _____; Puerto Rican _____;

Asian American _____; American Indian _____; Mexican American _____; Cuban _____;

Multi-Racial, specify _____

**AFFIX
PHOTO
HERE**

CITIZENSHIP: U.S. Citizen _____ Other _____ If other, please specify _____

If other, identify visa status: F1 _____ J1 _____ Permanent Resident _____ If other, please list _____

CURRENT MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PERMANENT ADDRESS, IF DIFFERENT FROM CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: (_____) _____

IN AN EMERGENCY,

CONTACT: _____ RELATIONSHIP _____

TELEPHONE NUMBER: (_____) _____

Section 2 - FAMILY INFORMATION

- 1. NAME OF PARENT(S) OR GUARDIAN(S) _____
MOTHER'S OCCUPATION _____ ANNUAL INCOME _____
FATHER'S OCCUPATION _____ ANNUAL INCOME _____
GUARDIAN'S OCCUPATION _____ ANNUAL INCOME _____

- 2. ESTIMATED TOTAL PARENTAL/GUARDIAN INCOME _____

- 3. NUMBER OF BROTHERS ____ and their AGES ____, ____, ____, ____ NUMBER OF SISTERS ____ and their AGES ____, ____, ____, ____

- 4. ARE ANY BROTHERS/SISTERS ENROLLED IN COLLEGE OR PROFESSIONAL SCHOOL? YES _____ NO _____
If yes, list school(s) _____

- 5. HAVE ANY BROTHERS/SISTERS ATTENDED/COMPLETED COLLEGE OR PROFESSIONAL SCHOOL? YES _____ NO _____
If yes, list school(s) _____

- 6. DESCRIBE ANY FAMILY, PERSONAL, OR SPECIAL CIRCUMSTANCES THAT MAY BE USEFUL IN EVALUATING YOUR APPLICATION _____

Section 3 - GENERAL DATA

- 1. What field of Health Science are you interested in pursuing?
Medicine _____ Dentistry _____ Nursing _____ Other _____, please list:
Public Health _____ Mental Health _____ Allied Health _____ _____
Social Work _____ Pharmacy _____ Research _____ _____

- 2. HOW DID YOU LEARN ABOUT P.T.T.I.? Faculty Member _____; Classmate _____; Flyer; Other (Specify) _____

- 3. HOW WOULD YOU DESCRIBE YOUR HOMETOWN? Township (2,500 or fewer) _____; Rural Town (2,501-10,000) _____;
Medium-Sized Town (10,001-50,000) _____; Urban City (50,001-250,000) _____; Large Urban City (250,000+) _____

- 4. HOW WOULD YOU DESCRIBE YOUR SCHOOL'S POPULATION? (1-299) _____; (300-599) _____; (600-999) _____;
(1000-1499) _____; (1500-1999) _____; (2000+) _____

Section 4 - EXTRACURRICULAR

1. LIST HONORS/SCHOLARSHIPS RECEIVED: (Use additional sheets if necessary)

2. LIST EXTRACURRICULAR/COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATE: (Use additional sheets if necessary)

3. LIST ANY SUMMER PROGRAMS YOU HAVE ATTENDED:

NAME OF PROGRAM	LOCATION
_____	_____
_____	_____

4. FACULTY APPRAISAL FORMS: Give the Name, Title, Department, and Telephone Number of the two (2) persons completing the Faculty Appraisal Forms for you.

NAME _____
DEPARTMENT _____
TELEPHONE NUMBER(_____) _____

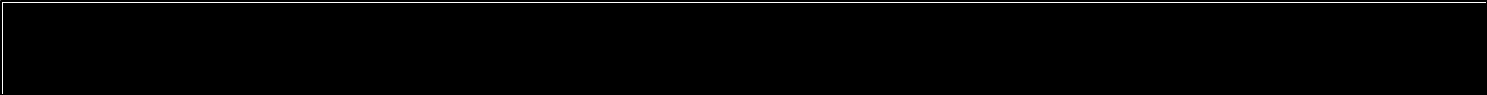
NAME _____
DEPARTMENT _____
TELEPHONE NUMBER(_____) _____

5. RECOMMENDATION LETTER: Give the Name, Title, Organization/Group Name, Address, and Telephone Number of the person completing the Recommendation Letter for you.

NAME _____ TITLE _____
ORGANIZATION/GROUP NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE NUMBER(_____) _____

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

STUDENT'S SIGNATURE _____ DATE _____



Section 5 - ESSAY

Please compose a personal statement of approximately 250 to 500 words explaining your background, health career goals, motivation, and reasons for wanting to attend the P.T.T.I. Program and the benefits you expect to receive. Explain any special aspects of your preparation and/or record. We prefer the statement to be typed.

PRINT NAME _____ DATE _____

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FACULTY APPRAISAL FORM

Directions: Please complete by PRINTING or TYPING this form for _____
 (Student's Name)
 who has applied for admission to the P.T.T.I. Program. Please return the form to the address above.

1. I have known the applicant for a period of _____
2. The applicant ranks academically with other students I have taught in recent years as follows:
 Top 5% _____ Top 10% _____ Top 25% _____ Average _____ Below Average _____
3. Please rank the applicant on the following traits, relative to other students you have taught.

CHARACTERISTIC	EXCELLENT 5	GOOD 4	AVERAGE 3	FAIR 2	POOR 1	HAVE NOT OBSERVED NA	COMMENTS
Intellectual Ability							
Communications Skills							
Emotional Stability							
Study Habits/Skills							
Attendance/Punctuality							
Comprehension							
Accuracy/Attention to Detail							
Maturity/Judgement							
Motivation/Perseverance							
Dependability							
Initiative/Industriousness							
Cooperative Attitude							
Ingenuity							
Leadership/Leadership Potential							

4. Major strengths of this student as a prospective participant in the P.T.T.I. Program are: _____

5. The ability of the applicant to successfully pursue a health/professional program is perceived as follows:
 Excellent _____ Good _____ Average _____ Fair _____ Poor _____ Unsatisfactory _____
6. The applicant as a P.T.T.I. candidate is: Recommended with Confidence _____ Recommended _____
 Recommended with Reservations _____ Not Recommended _____

NAME OF RECOMMENDER (Print or Type) _____
 Title _____ Department _____
 Address _____
 City/State/Zip _____
 Telephone where you can be reached (_____) _____
 Signature _____ Date _____

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Dependability							
Initiative/Industriousness							
Cooperative Attitude							
Ingenuity							
Leadership/Leadership Potential							

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5. The ability of the applicant to successfully pursue a health/professional program is perceived as follows:
 Excellent_____ Good_____ Average_____ Fair_____ Poor_____ Unsatisfactory_____
6. The applicant as a P.T.T.I. candidate is: Recommended with Confidence_____ Recommended_____
 Recommended with Reservations_____ Not Recommended_____

NAME OF RECOMMENDER (Print or Type) _____

Title _____ Department _____

Address _____

City/State/Zip _____

Telephone where you can be reached (_____) _____

Signature _____ Date _____