

# Pharmacy Technician Program

## Student Applicant Information

DIAL Virtual School – Brenda Merkel, Facilitator

Please complete the following and email to [karen.peters@k12.sd.us](mailto:karen.peters@k12.sd.us)

**Must be a Senior during the 2021-22 school year.**

Student Name:

Mailing Address:

Student k12 email:

Alternate email:

School District:

School Administrator:

Administrator's email:

Parent/s:

Parent email:

Local Pharmacy (for possible later use):

Pharmacist:

Telephone/Email:

Questions for student- (attach additional pages, if needed)

1. Have you taken a Medical Terminology or Health Careers class?
2. Why are you interested in this Pharmacy Technician program?
3. Have you discussed the cost of the program with your school/parents?