



TENNESSEE COLLEGE  
OF APPLIED TECHNOLOGY

PULASKI

# **Pharmacy Technology Program**

**September 2022**



# TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

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## PULASKI

1233 East College Street PO Box 614 Pulaski, TN 38478  
Phone: (931) 424-4014 Fax: (931) 424-4017

Dear Pharmacy Technology Student,

Thank you for choosing the Tennessee College of Applied Technology in Pulaski, TN for your educational goals.

Your desire to enter the healthcare setting is commendable, and we want you to have a positive experience while here. As a student in this program, you will utilize and refine your communication and organizational skills thus becoming efficient and productive in a fast paced pharmacy environment.

To submit an enrollment application please see the instructions attached on the last page. If you have any questions, please call 931-424-2428.

If you do not have access to the internet then you can apply at TCAT-Pulaski.

Enclosed, you will find all the requirements for this program. Please have all returned to us by **August 19, 2022**.

Please sign, date and return your Release of Information that is enclosed in this packet.

A copy of your current medical insurance is a requirement for clinical rotations. There are 3 blank reference forms provided for you inside the packet. Please have these completed and returned in sealed envelopes by the deadline. Immediate family members and friends are not acceptable references.

If you have questions or would like to tour the department, please feel free to contact me or the Pharmacy Technology instructor at your convenience.

Good luck in your educational goals at the Tennessee College of Applied Technology.

Respectfully,

A handwritten signature in black ink that reads "Amy Key, RN, BSN".

Amy Key, RN, BSN

Director of Nursing and Allied Health

## CONTACT INFORMATION

Below are some of the contacts that you may need while exploring and preparing for your education at Tennessee College of Applied Technology-Pulaski. Feel free to call, make an appointment or drop by and speak to those that may be able to assist you.

<b>Melissa Banks, Administrative Support</b>	<b>424-4014</b>
<b>Tabitha Barnett, Admissions</b>	<b>424-2428</b>
<b>Carrie Gilbert, Financial Aid &amp; VA School Certifying Official</b>	<b>424-2406</b>
<b>Amy Key, Director of Nursing and Allied Health</b>	<b>424-2437</b>
<b>Nicole Neely, Instructor-Pharmacy Technology</b>	<b>424-2965</b>
<b>Emmy Williams, Recruiter/Dual Enrollment</b>	<b>424-2400</b>

Tennessee College of Applied Technology

Pharmacy Technology Program

September 2022

- Meet with Instructor
- Tennessee College of Applied Technology online application and high school transcript or high school diploma/GED
- Signed release of information inside the packet, copy of current driver license, copy of current medical insurance, completed physical form inside the packet, and 3 blank reference forms provided inside the packet (immediate family members and friends are not acceptable references).
- Vaccinations/Immunizations or titers
  - 2 MMR vaccinations or titers
  - 2 Varicella vaccinations or titers
  - Current Tetanus vaccination
  - Current TB Skin Test
  - Flu vaccination
- Acceptance letters. \*Acceptance contingent upon clear background check and negative drug screen
- Confirmation by applicant of acceptance to Pharmacy Technology Program. Please call 424-4014 and ask for admissions to confirm your intentions to enroll.
- Criminal background check (TCAT will provide instructions with acceptance letter). This may take up to 2 weeks.
- Drug Screen (TCAT will provide instructions with acceptance letter)
- Class inception September 2022
- All applicants eligible for Tennessee Promise and Reconnect must adhere to published requirements



# TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

PULASKI

1233 East College Street Pulaski, TN 38478  
931-424-4014 [www.tcatpulaski.edu](http://www.tcatpulaski.edu)

*Career Training*  
Administrative Office  
Technology  
Advanced Manufacturing  
Education  
Building Construction  
Technology  
CNC Machining Technology  
Computer Operating Systems  
and Network Technologies  
Electrical and Plumbing  
Construction Technology  
HVAC/R  
Industrial Electricity  
Industrial Maintenance  
Technology  
Patient Care Technology/  
Medical Assisting  
Pharmacy Technology  
Practical Nursing  
Residential/Commercial  
Wiring and Plumbing  
Welding Technology

*Campus Locations*  
Lawrenceburg Instructional  
Service Center  
North Lawrence Instructional  
Service Center  
South Lawrence Instructional  
Service Center

## PHARMACY TECHNOLOGY

The mission of the Pharmacy Technology program is to train students for employment in retail and wholesale pharmacies, and home health care and long term care facilities. They will perform as pharmacy technicians or assistants under the direct supervision of the pharmacist. Students will learn to become skilled in medications, prescription preparation, reconstitution and IV preparation. They will also learn to establish and maintain patient profiles, packaging and equipment, and to perform administrative, communicative, and inventory control duties. Clinical training is provided in all work environments. Upon completion of training, students will be prepared to take the Pharmacy Technology Certification Examination (PTCE). Students will receive hands-on experience using PioneerRx, a leading pharmacy software system. More information about this software is available at <https://www.pioneerrx.com>.

### Employment Opportunities:

- Pharmacies
- Home health care facilities
- Long term care facilities

**Program Instructor:**  
**Nicole Neely**  
[nicole.neely@tcatpulaski.edu](mailto:nicole.neely@tcatpulaski.edu)  
931-424-2965

### ENROLLMENT INFORMATION

Classes Offered:	Full-Time: Monday - Friday 8 to 2:30
Program Length:	1,296 Hours
Program Location:	Pulaski Main Campus 1233 East College Street Pulaski, TN 38478
Program Cost including Tuition, Fees, plus Books/Supplies	\$1,336 per trimester x 3 trimesters=4,008 \$725.71 Books/Supplies *Total Cost \$4,733.71 *These costs are subject to change
Requirements:	Complete the Admissions Process Checklist
Financial Aid:	Available to those who qualify

For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at [www.tcatpulaski.edu](http://www.tcatpulaski.edu)

Tennessee College of Applied Technology-Pulaski does not discriminate on the basis of race, color, religion, creed, ethnic or national origin, sex, disability, age status as a protected veteran or any other class protected by Federal or State laws and regulations and by Tennessee Board of Regents policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Mike Whitehead; [mike.whitehead@tcatpulaski.edu](mailto:mike.whitehead@tcatpulaski.edu); P.O. Box 614; Pulaski, TN 38478; 931-424-2420.

## Pharmacy Technology Course Outline

<b>First Trimester</b>	
Worker Characteristics	6 Hours
Orientation	6 Hours
Keyboarding	40 Hours
Pharmacy Math	104 Hours
Pharmacy Practice and Lab I	90 Hours
Top Drugs I	56 Hours
Pharmacology	100 Hours
Career Readiness/Technology Foundations	30 Hours
	<b>432 Hours</b>

<b>Second Trimester</b>	
Worker Characteristics	6 Hours
Law Ethics and HIPPA	30 Hours
Top Drugs II	50 Hours
Pharmacy Practice and Lab II	220 Hours
Pharmacology	90 Hours
Third Party Reimbursement	36 Hours
	<b>864 Hours</b>

<b>Third Trimester</b>	
Worker Characteristics	6 Hours
Clinical Training & PTCE Exam Preparation	426 Hours
<b>Pharmacy Technology Diploma</b>	<b>1296 Hours</b>

### **Admission Requirements:**

- \* **Applicants must be 18 years of age**
- \* **Complete a TCAT-P application**
- \* **Provide a regular high school diploma or HiSet/GED transcript**
- \* **Provide proof of 2 MMR and 2 Varicella immunizations/titers**
  - T.B. Skin Test**
  - Flu Vaccination**
  - Tetanus**

- \* **Proof of Medical Insurance**
- \* **Proof of Driver's License**

**Students are subject to drug screening, criminal background check, and possibly other vaccinations based upon clinical affiliation agreements.**

For More Information Please Contact  
 Student Services Department  
 P.O. Box 614, Pulaski, TN 38478  
 931-424-4014

Accredited Member Commission of the Council on  
 Occupational Education  
 7840 Roswell Road, Building 300 Suite 325  
 Atlanta, GA 30350  
 Phone: (770) 396-3898 \* (800) 917-2081

# HOW TO APPLY FOR FINANCIAL AID

You must complete and submit the 2022-2023 FAFSA to apply for federal student aid and for state and institutional aid. The SCHOOL CODE for the Tennessee College of Applied Technology-Pulaski is 009464.

There are 3 ways to apply for financial aid. You will need to have your 2020 tax returns and W2's available in order to apply for any financial aid.

**Option #1-Go to [fafsa.gov](https://fafsa.gov) and apply online**

**Option #2-go to <https://studentaid.gov/sites/default/files/2022-23-fafsa.pdf> to print a PDF version of the FAFSA**

**Option #3-Call 1-800-4-FED-AID (1-800-433-3243) and request a paper application by mail**

If you choose to apply using *Option 1* listed above, you will need to create an FSA ID.

Please see attachment for further instructions on creating an FSA ID.

Select the option to "Fill out your FAFSA", and then select the "appropriate year FAFSA". At this point you will proceed and begin completing the FAFSA by answering each question that is asked. Do not leave any questions blank when completing the online FAFSA. If you fail to answer all the required questions, you will not be allowed to move on to the next screen. Once you have completed the entire application you will be asked to sign electronically. Be sure to submit the application completely, and do not close the web page until you receive a submission confirmation and get a confirmation number. If you do not get a confirmation number, then your application was not submitted correctly and will not be processed and sent to the school.

If you choose to apply using *Option 2 or 3* listed above, you will need to simply complete and sign the paper FAFSA form and mail it to the address listed on the FAFSA application, which is Federal Student Aid Programs, PO Box 7650, London, KY 40742-7650.

If you complete the FAFSA online, please allow 7-10 days for processing. Allow 3-4 weeks for the paper applications to be processed. You may contact the school after allowing the appropriate processing time for your FAFSA to inquire about eligibility.

# Creating and Using the FSA ID

## **What's an FSA ID?**

The FSA ID is a username and password combination you use to log in to U.S. Department of Education (ED) online systems. The FSA ID is your legal signature and shouldn't be created or used by anyone other than you—not even your parent, your child, a school official, or a loan company representative. You'll use your FSA ID every year you fill out a *Free Application for Federal Student Aid* (FAFSA®) form and for the lifetime of your federal student loans.

## **How do I get an FSA ID?**

Visit [StudentAid.gov/fsa-id/create-account/launch](https://StudentAid.gov/fsa-id/create-account/launch) to create an FSA ID. You'll need your Social Security number, full name, and date of birth. You'll also need to create a memorable username and password, and complete challenge questions and answers so you can retrieve your account information if you forget it.

You'll be required to provide either your email address or your mobile phone number when you make your FSA ID. Providing a mobile phone number and/or email address that you have access to will make it easier to log in to ED online systems and allow additional account recovery options.

**Important:** A Social Security number, email address, and mobile phone number can only be associated with one FSA ID. If you share an email address with someone else, then only one of you will be able to use that email address to create an FSA ID.

## **FSA ID Tips**

- If you need to provide information about your parents on the FAFSA® form, one of your parents will need an FSA ID to sign the form. Your parent can create an FSA ID and then sign the FAFSA form electronically using that FSA ID. Not sure whether you'll need to put your parents' information on the FAFSA form? Check out [StudentAid.gov/dependency](https://StudentAid.gov/dependency). **Remember:** You should create your own FSA ID, and your parent should create his or her own FSA ID. Also make sure to use the correct FSA ID when signing the FAFSA form electronically.
- When you first create your FSA ID, the use of your FSA ID will be restricted to completing, signing, and submitting an original (first-time) FAFSA form. You'll have to wait one to three days for your information to be confirmed by the Social Security Administration (SSA) before you can use your FSA ID for other actions, such as submitting a FAFSA Renewal or signing a *Master Promissory Note*. If you provided an email address, then you'll receive an email letting you know that your information was successfully matched with the SSA, and you can begin using your FSA ID.
- If you forget your FSA ID username or password, look for the "Forgot My Username" and "Forgot My Password" links on log-in pages. These links will direct you to web pages where you can request a secure code to be texted to your verified mobile phone number or emailed to your verified email address. The secure code will allow you to retrieve your username or reset your password. You can also retrieve your username or reset your password by successfully answering your challenge questions. **Remember:** If you verified your email address or mobile phone number during account creation, you can enter your email address or mobile phone number instead of your username to log in.

Learn more about how you can use your FSA ID at [StudentAid.gov/help-center/answers/article/how-can-i-use-my-fsa-id-username-and-password](https://StudentAid.gov/help-center/answers/article/how-can-i-use-my-fsa-id-username-and-password). Find this fact sheet at [StudentAid.gov/resources](https://StudentAid.gov/resources).



<b>FSA ID Information</b>		
	<b>Student</b>	<b>Parent</b>
FSA ID Username		
FSA ID Password		
Challenge? Answer #1		
Challenge? Answer #2		
Challenge? Answer #3		
Challenge? Answer #4		
Challenge? Answer #5		
Save Key Number		

**Student Challenge Questions:**

1.
2.
3.
4.
5.

**Parent Challenge Questions:**

1.
2.
3.
4.
5.

**Tennessee College of Applied Technology Pulaski  
Pharmacy Technology**

**Release of Information**

I, \_\_\_\_\_, do hereby give permission to release information to  
(Please Print Legibly Full Name)

**Tennessee College of Applied Technology, all clinical affiliates, and the Pharmacy Technology program as well as their Advisory Committee.**

**This includes, but is not limited to:**

**Criminal Background Check**

**9 Panel Drug Screen**

**Physical Exam/Vaccinations**

**Proof of Medical Insurance**

**Proof of Citizenship**

**This information can and will be used as a requirement to enter the Pharmacy Technology program and attend clinical rotations at the contracted agencies.**

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**Please Print Name**

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**Please Sign Name**

---

**Date**

**Tennessee College of Applied Technology Pulaski  
Medical History and Physical Examination  
Allied Health Programs**

**This report must be completed by a Physician, Physician's Assistant, or Nurse Practitioner and filed with the school registration requirements. However, you, the applicant may complete the medical history section, then allow your healthcare provider to review the section when performing the physical examination. Physical examination must be within 3 months prior to date of admission.**

**NAME:** \_\_\_\_\_

**MEDICAL HISTORY**

1. Have you ever had any of the following? (Please check all that apply)

- |                      |                      |                           |                                 |
|----------------------|----------------------|---------------------------|---------------------------------|
| _____ Skin Problems  | _____ Diabetes       | _____ Thyroid Disorder    | _____ Asthma                    |
| _____ Heart Trouble  | _____ Kidney Disease | _____ Jaundice            | _____ Hearing Problems          |
| _____ Rupture/Hernia | _____ Migraines      | _____ Back Injury         | _____ High Blood Pressure       |
| _____ Cancer         | _____ Hepatitis      | _____ Eye/Vision Problems | _____ Epilepsy/Seizure Disorder |

If you checked any of the above, please explain.

2. Do you have allergies?

(List) \_\_\_\_\_

3. List any additional illnesses, surgeries, or injuries and give dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. At present are you taking any medications or receiving any medical treatment? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_

(Please attach additional sheets if needed)

5. Have you had any treatment for drug or alcohol problems? \_\_\_\_\_ If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever had any emotional problems? \_\_\_\_\_ If so, list treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Are there any barriers that may affect your ability to care for and communicate with a patient? If so please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Do you have any physical limitations that would prevent you from lifting up to 150 pounds, standing or bending? If so, please explain: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(Rev. 09/2020)

## Physical Examination Form

*To be completed by a Physician, Physician's Assistant, or Nurse Practitioner*

NAME OF APPLICANT:

\_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_ / \_\_\_\_\_ PULSE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYES:

\_\_\_\_\_

(If glasses are needed, they should be obtained before entering the program.)

HEARING:

\_\_\_\_\_

SKIN:

\_\_\_\_\_

LUNGS:

\_\_\_\_\_

HEART:

\_\_\_\_\_

GI:

\_\_\_\_\_

GU:

\_\_\_\_\_

NEUROLOGICAL STATUS:

\_\_\_\_\_

MUSCULOSKELETAL:

\_\_\_\_\_

The applicant must be able to bend, stoop, lift, turn, can transfer a 150-pound patient as required by many health care employers. In your medical opinion, would this person be able to perform these duties?

YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENTS: \_\_\_\_\_

Do you consider the applicant mentally and physically suited to undertake a position in nursing?

----YES \_\_\_\_\_ NO \_\_\_\_\_ COMMENTS: \_\_\_\_\_

Based on your findings, are other tests indicated? \_\_\_\_\_ If so, please list these tests and their results.

\_\_\_\_\_

\_\_\_\_\_

By signing this physical examination form, I verify that:

To the best of my knowledge, this potential student should be able to complete the requirements of class and clinical.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Healthcare Practitioner's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Tennessee College of Applied Technology Pulaski ~ Immunization Record**

**NAME:** \_\_\_\_\_

To be completed by the appropriate health care personnel. All immunizations must be up to date according to regulations. Give date of most recent immunization.

Attach any appropriate documentation verifying immunizations and/or titers.

For measles, mumps, and rubella the immunization record must reflect two measles vaccinations since 1979 or proof of immunity to measles unless born prior to 1957.

**COVID-19**

Vaccine Date: \_\_\_\_\_

**Measles**

Immunized with MMR twice, or Date: \_\_\_\_\_

Positive titer (test that indicates immunity) Date: \_\_\_\_\_

**Mumps**

Immunized with vaccine, or Date: \_\_\_\_\_

Positive titer (blood test that indicates immunity) Date: \_\_\_\_\_

**Rubella**

Immunized with vaccine, or Date: \_\_\_\_\_

Positive titer (blood test that indicates immunity) Date: \_\_\_\_\_

**Varicella (Chicken Pox)**

History of the disease verified from a Healthcare practitioner or Date: \_\_\_\_\_

Proof of two doses of the Varicella Vaccine or Date: \_\_\_\_\_

Positive titer (blood test that indicates immunity) Date: \_\_\_\_\_

**Hepatitis B - Required**

Series of 3 immunizations completed, or Date: \_\_\_\_\_

Process of receiving vaccination Date: \_\_\_\_\_

Titer showing immunity after three doses Date: \_\_\_\_\_  
\*Required

**Tetanus – needed every 10 years** Date: \_\_\_\_\_

**T. B. Skin Test or Chest X-Ray** Date: \_\_\_\_\_

*(Required Annually)* *Date given / Date read and results*

I certify that these immunizations are current and accurate.

Signature of Health Care Personnel \_\_\_\_\_ Date \_\_\_\_\_



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www.tcatpulaski.edu

### REFERENCE LETTER

#### TO WHOM IT MAY CONCERN:

I, the undersigned, request that the information requested on the Reference Form be released to the Tennessee College of Applied Technology @ Pulaski's Pharmacy Technology program. I understand, and agree, that this information will be treated as confidential by the instructors, and will not be available to anyone other than authorized personnel employed by this school or appointed to serve on the Selection Committee.

APPLICANT'S SIGNATURE: \_\_\_\_\_

First

Middle or Maiden

Last

I, \_\_\_\_\_, have applied for entrance into the Pharmacy Technology Program conducted by the Tennessee College of Applied Technology in Pulaski. PLEASE RETURN THIS COMPLETED AND SIGNED FORM TO THE APPLICANT, *not TCAT PULASKI*.

#### EMPLOYMENT OR PROFESSIONAL REFERENCE

Employer or Business Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Position Held \_\_\_\_\_

Primary Duties \_\_\_\_\_

Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Did applicant need more than normal supervision? \_\_\_\_\_

Attendance during employment: average \_\_\_\_\_ excessive \_\_\_\_\_ none \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Would you rehire? \_\_\_\_\_

Please rate with regard to the following:

	Excellent	Good	Average	Fair	Poor
Attitude	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Ability to follow Directions	_____	_____	_____	_____	_____
Acceptance of Supervision	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Character/Honesty	_____	_____	_____	_____	_____

Additional

Remarks: \_\_\_\_\_

NAME: (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

Signature: \_\_\_\_\_



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Position Held \_\_\_\_\_

Primary Duties \_\_\_\_\_

Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Did applicant need more than normal supervision? \_\_\_\_\_

Attendance during employment: average \_\_\_\_\_ excessive \_\_\_\_\_ none \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Would you rehire? \_\_\_\_\_

Please rate with regard to the following:

	Excellent	Good	Average	Fair	Poor
Attitude	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Ability to follow Directions	_____	_____	_____	_____	_____
Acceptance of Supervision	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Character/Honesty	_____	_____	_____	_____	_____

Additional

Remarks: \_\_\_\_\_

NAME: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

Signature: \_\_\_\_\_





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First Middle or Maiden Last

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Employer or Business Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Position Held \_\_\_\_\_  
Primary Duties \_\_\_\_\_  
Period of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Did applicant need more than normal supervision? \_\_\_\_\_  
Attendance during employment: average \_\_\_\_\_ excessive \_\_\_\_\_ none \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
Would you rehire? \_\_\_\_\_

Please rate with regard to the following:

	Excellent	Good	Average	Fair	Poor
Attitude	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____
Ability to follow Directions	_____	_____	_____	_____	_____
Acceptance of Supervision	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Character/Honesty	_____	_____	_____	_____	_____

Additional

Remarks: \_\_\_\_\_

NAME: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

TITLE: \_\_\_\_\_

Signature: \_\_\_\_\_



# TENNESSEE COLLEGE OF APPLIED TECHNOLOGY

PULASKI

Dear Prospective TCAT-Pulaski Student:

If you do not have access to the internet, then you can apply in person at TCAT-Pulaski.

To apply online:

1. Go to our website [www.tcatpulaski.edu/apply/now](http://www.tcatpulaski.edu/apply/now)
2. This will then take you to the Admission Login page. Click on First Time User Account Creation.
3. You will Create a Login ID, Create a Pin and Verify Pin. (Please write it down and don't lose it, because you will need it later)
4. You will then Login and it will take you to Select an Application Type.
5. Use the drop down box and pick whether you are a (A1) New College Applicant or (A2) Returning TCAT Applicant and hit Continue. (Note: If you select (A2) Returning TCAT Applicant, then you will have to fill out the entire Prior College Section).
6. It will direct you to Apply for Admissions where you will select your Admission Term (Fall 2022). Enter your name and click Fill out Application.
7. \*You will have an Application Checklist (blue icons). Please make sure you complete all fields.
8. Once you have successfully completed all icons they will each have a red check mark. Click Application is Complete.
9. Make sure you agree to the terms.

**\*Please note: The phone number box is tricky. This is how you will enter it, no dashes or hyphens.**

931	4244014	This box is for extension only
-----	---------	--------------------------------

If you have any questions, please give me a call 931-424-2428 or email [tabitha.barnett@tcatpulaski.edu](mailto:tabitha.barnett@tcatpulaski.edu).

Sincerely,

Tabitha Barnett  
Admissions