September 2025

Pharmacy Technology

Program

Dear Prospective Pharmacy Technology Student,

Thank you for choosing **Tennessee College of Applied Technology Pulaski** to pursue your educational and career goals. We are thrilled that you are considering us as your pathway to becoming a Pharmacy Technician and look forward to supporting you on this exciting journey!

To start this journey, enclosed is a list of deadlines and requirements. Please read carefully and follow all directions.

Application Process

A completed TCAT Pulaski application must be submitted as soon as possible. You can find it online at https://engage.tbr.edu/apply . If you do not have internet access, please call Codie Brown at 931-424-2428 to schedule a time to come in to complete an application.

Required Documents – Due by July 11, 2025

☐ **Meet with Instructor, Nicole Neely, 931-424-2965** *(will need to call to schedule a time to meet)*
☐ **Signed Release of Information** *(included in this packet)*
☐ **Copy of Driver's License**
☐ **Copy of Medical Insurance Card**
☐ **Three (3) Reference Letters** *(included in this packet, references must be from an employer, teacher, or professional—family members and friends are NOT accepted.)*
☐ **Completed Physical Form** *(included in this packet)*
☐ **High School Diploma/Transcript or GED with graduation date**

Orientation – July 29, 2025

You are **required** to attend orientation on:

📅 **Tuesday, July 29, 2025**
⏰ **9:30 AM – 10:30 AM**
🚫 **Children are NOT allowed at this meeting.**

Mandatory Information Session – July 29, 2025

You are **required** to attend a mandatory information session on:

📅 **Tuesday, July 29, 2025**
⏰ **10:30 AM – 11:30 AM**
🚫 **Children are NOT allowed at this meeting.**

Acceptance of the Pharmacy Technology Program

While submitting all required documents are necessary steps. Please note that final acceptance will still be contingent upon:

✔ A **clear criminal background check**

✔ A **negative drug screen** (*Instructions for both will be provided at the information session.*)

Important Note: Admissions will not process your application until you have been officially accepted into the Pharmacy Technology program. This means that your application status will not change online until these steps are completed.

Additional Program Details

🕐 **Class Hours:** Monday – Friday, **8:00 AM – 2:30 PM**

If you have any questions or would like to discuss the program further, please feel free to call or visit our campus at any time. We look forward to helping you achieve your Pharmacy Technician career goals!

Best regards,
Codie Brown
Admissions
Tennessee College of Applied Technology Pulaski

HOW TO APPLY FOR FINANCIAL AID

You must complete and submit the 2025-2026 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 2023 tax returns and W2's available in order to apply for any financial aid.

Option #1-Go to fafsa.gov and apply online

Option #2-go to https://studentaid.gov/sites/default/files/2025-26-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 your 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.

FSA ID STEP-BY-STEP GUIDE

Your FSA ID gives you access to Federal Student Aid's online system and serves as your legal signature. Both student & parent(s) should each create an FSA ID username and password to electronically sign the FAFSA. Only create an FSA ID using your own personal information and for your own exclusive use. You'll use your FSA ID every year you are in college to complete the FAFSA and review your federal student aid. The 2025-2026 FAFSA is scheduled to open in December 2024.

To create an FSA ID, go to studentaid.gov then follow the steps below.

STEP 1: First Name, Last Name, Date of Birth, Social Security Number

STEP 2: Create Username and Enter Email & Password

Tip: use a non-school related email address that students will have access to after graduation.

STEP 3: Mailing Address & Mobile Phone Number

STEP 4: Choose Communication & Language Preference

STEP 5: Select & Answer Four Challenge Questions

See challenge question box below

STEP 6: Review Information

STEP 7: Verify Email & Mobile Number

CHALLENGE QUESTIONS

To avoid the FSA ID site timing out account creation, preselect and answer challenge questions from the list below. You will need **four** challenge questions and answers when you create your FSA ID.

What was the name of your elementary school?_____

What city were you born in?_____

What was the name of your first pet?_____

What was your high school's mascot?_____

What color was your first car? _____

What is the name of the street where you grew up? _____

What is your father's middle name?_____

What was the name of your first teacher?_____

TN FAFSA FRENZY

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MY FSA ID INFORMATION

Now that you have all your information prepared, use the fill-in-the-blank sections below to remember what you need to create your FSA ID.

STUDENT FSA ID

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

PARENT 1 FSA ID

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

PARENT 2 FSA ID*

Username: _____

Password: _____

Email: _____

Challenge Answer 1: _____

Challenge Answer 2: _____

Challenge Answer 3: _____

Challenge Answer 4: _____

Backup Code: _____

*Only create Parent 2 FSA ID if married and filed 2023 taxes separately.
Married filing jointly requires only Parent 1 FSA ID.

IF YOU NEED HELP WITH YOUR FSA ID, PLEASE CALL 1.800.433.3243

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Sign of Release for Pharmacy Technology Class

2025-2026

I, _____, hereby give permission to release information to

(Please Print Legibly Full Name)

Tennessee College of Applied Technology-Pulaski, all clinical affiliates, and the Pharmacy Technology program as well as their advisory committee, related to all admission documents. This includes but is not limited to:

Criminal Background Check

9 Panel Drug Screen

Physical Exam and Immunizations

Proof of Medical Insurance

Proof of Citizenship

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

Please Print Name: _____

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 have 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)

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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.

<u>**COVID-19**</u>
( ) Vaccine   Date: _____
( ) Previous diagnosis   Date: _____

Measles (Rubella)

( ) Born Before 1957 or   Date: _____
( ) 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 (Measles)

( ) Immunized with vaccine, or   Date: _____
( ) Positive titer (blood test that indicates immunity)   Date: _____

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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_____

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.

APPLICANT'S SIGNATURE: _____

First   Middle or Maiden   Last

I, _____, have applied for the 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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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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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:_____