

# Stamps Health Services Pharmacy School to Work Learning Program

## Applicant Requirements

All potential applicants must submit an application to the Pharmacy Manager. Once the Pharmacy Manager reviews the applications, interviews will be completed. Upon an offer by the Pharmacy Manager to participate in the SHS Pharmacy School to Work Learning Program, applicants must complete the process of registering as a pharmacy technician with the Georgia Board of Pharmacy. The registration procedure can be located online at [www.gbp.georgia.gov](http://www.gbp.georgia.gov).

The registration requirements for the Georgia Board of Pharmacy are as follows:

- Complete the Pharmacy Tech Application located at [www.gbp.georgia.gov](http://www.gbp.georgia.gov) along with a \$100 non-refundable application fee
- Complete the Citizenship/Qualified Alien Status form
- Complete the Fingerprint Background Check through GAPS/Cogent
- The pharmacy license number for our pharmacy is **PHRE005743**

Applicant agrees to the following requirements:

- Wants to pursue a career in a medical/health related field
- Available to commit to a minimum of two consecutive semesters in the pharmacy department
- Able to commit to 3 hour shifts at least twice a week
- Able to commit to a set schedule each semester depending upon the student's availability and the pharmacy's need
- Complete required training modules prior to working in the pharmacy department (HIPAA, Combat Meth, Student Training Manual)

Applicants must have at least a 2.5 GPA and be in good standing with the Georgia Institute of Technology. In turn, applicants will be able to gain a more intimate knowledge of retail pharmacy and interact with a variety of healthcare providers. Because the success of the Pharmacy School to Work Learning Program depends upon your commitment, please only apply if you are willing to honor your commitment to the department and your fellow students.

Please complete the following application and return to Nina Thoman, PharmD, RPh, via email ([nina.thoman@health.gatech.edu](mailto:nina.thoman@health.gatech.edu)) OR hard copy (Stamps Health Services Pharmacy, 740 Ferst Drive ).



## Stamps Health Services Pharmacy School to Work Learning Program Application

Name: \_\_\_\_\_

GTID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Major: \_\_\_\_\_

Pre-Health Career Focus:

\_\_\_\_\_

Year in School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Please give a brief explanation of your interests in the field of Pharmacy, and why you would like to be considered for a position:

---

---

---

---

---

---

---

---

---

---

By signing below, you agree that you have read and are able to follow the applicant requirements.

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