

Stamps Health Services Pharmacy Volunteer Work to Learn Program

Applicant Requirements

All potential volunteers must submit a Volunteer Program Application to the Pharmacy Manager. Once the Pharmacy Manager reviews the applications, interviews will be conducted. Upon an offer by the Pharmacy Manager to participate in the Pharmacy Volunteer 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.

Applicant agrees to the following volunteer requirements:

- Wants to pursue a career in a medical/health care related field
- A minimum of a 2.5 GPA, and be in good standing with the Institute
- Volunteer a minimum of two consecutive semesters in the pharmacy department
- Able to commit to 6 hours per week
- Able to commit to a set schedule each semester depending upon the student's availability and the pharmacy need
- Submit the Volunteer Program Application to the pharmacy or Pharmacy Manager (nina.thoman@health.gatech.edu)
- Interview with the Pharmacy Manager prior to program acceptance
- Complete the Georgia Board of Pharmacy Technician registration and Application Supplement

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

- Complete the Pharmacy Tech Application located at www.gbp.georgia.gov along with a \$100 non-refundable application fee
- Complete the Citizenship/Qualified Alien Status form if necessary
- Complete the Fieldprint Fingerprint Background Check through <https://www.fieldprintgeorgia.com/> (\$30 fee)
- The pharmacy license number for our pharmacy is **PHRE005743**

The Volunteer Program is a rolling process, so applications may be turned in at anytime during the year. Typically, volunteers will start in the pharmacy at the beginning of the semester. Because the success of the Pharmacy Volunteer Program depends on your commitment, please only apply if you are willing to honor your commitment to the department and your fellow volunteers. In turn, applicants will be able to gain a more intimate knowledge of retail pharmacy processes and interact with a variety of healthcare providers.

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



Pharmacy Volunteer Program Application

Name: _____

GTID: _____

Phone Number: _____

Email: _____

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 volunteer position:

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

Signature: _____ **Date:** _____