

# 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)

Student Name:

Student k12 email:

Mailing Address:

School District:

School Administrator:

Administrator's email:

Parent/s:

Parent/s' email:

Local Pharmacy (for possible later use):

Pharmacist:

Telephone/contact information:

Questions for student- (attach additional pages)

1. Have you taken an online class previously?
2. Have you taken a Medical Terminology class?
3. What are your plans for after high school?
4. Why are you interested in this Pharmacy Technician program?
5. Have you discussed the cost of the program with your school / parents?