



## **Regional Rural Pharmacy Technician Program Application**

Deadline: February 14, 2025 Fall2025 OR Spring2026 One-Semester Program— Part One: Online 40 Hour Course Part Two - 20 Hour Unpaid Internships at Carle Health Return this completed application to: P.E.R.F.E.C.T., 2000 W. Pioneer Parkway, Suite 19C, Peoria, IL 61615 with Current High School Transcript 1 Faculty/Counselor Recommendation Completed Disciplinary/Attendance Form Student Name: ☐ Junior Current Grade Level: Date of Birth: Male Female Gender: Phone #: (home) (cell) \_\_\_\_\_ Email: Home Address: City, ZIP: High School: School Phone #: School Address: Counselor Name: Counselor Email: Home Ph. Work Ph. Cell Ph. **Email Address** Name Mother / Guardian Father / Guardian **Emergency** Contact Required Signatures:

Student signature indicates that he/she understands the transportation and academic requirements for the online and off-campus program which he/she is applying. Parent/Guardian signature indicates that they believe that their son/daughter has the maturity and ability to be successful in the program, approves of this application, ensures student will be provided suitable transportation.

Student:\_\_\_\_\_\_ Parent/Guardian:\_\_\_\_\_\_ Date:\_\_\_\_\_\_

and gives the school permission to release all necessary school records.

## CONFIDENTIAL FACULTY/COUNSELOR RECOMMENDATION SHEET

**Note to Student:** You must provide three Faculty/Counselor Recommendation Sheets to complete this application.

To Da	ıte					
Faculty Member						
has expressed an int	terest in the -	Program Name				
	194					
program and has listed your name as a person who is familiar with her/his pe Regional Career and Technical Education and Rural Pharmacy Technician pr	•	ossible	tuture	succe	ess in th	าเร
Your cooperation is greatly appreciated.						
Rating Scale						_
(Rating Scale: 5=Excellent 4=Good 3=Average 2=Fair 1=Poor)		1	2	3	4	5
<b>Professionalism</b> - This student will represent your school at an off-campus site if the student the program. Can this student be trusted to dress appropriately for the training? For example student wear safety equipment like safety glasses/boots? Can this student wear "business case workplace if that is a requirement?	e: Will the					
<b>Attitude</b> - Does this student contribute to your class in positive ways? Does this student help this student exhibit leadership skills?	p others? Does					
<b>Cooperation</b> - Does this student work with others in a "team" setting? Does this student take work or does this student sit back and let others in the group do the assignment?	ke part in group					
<b>Courtesy</b> - Does this student treat you with respect? Does this student respect the feelings students? Can this student be trusted to learn and work in a culturally diverse environment any your school?						
<b>Dependability</b> - Does this student hand in assignments on time? Are they done completely thoroughly?	y and					
<b>Initiative -</b> Does this student ever do extra credit work or independent study work? Does this "go beyond" the bare minimums of assigned work?	s student ever					
<b>Promptness &amp; Attendance -</b> Is this student usually on time for your class? Does this s more than a few days for real illness? <u>You</u> are the best judge of this student's ability to be on tir work. How does this student "measure up"?						
<b>Reliability</b> - If you gave this student a project or assignment to do, could you count on this scompleted by the date assigned? Does this student follow directions and complete assignment of pride in his/her work?						
<b>Citizenship -</b> Will this student be a positive ambassador for your school in the Peoria area higher education community? Is this student a "good citizen" who shows some leadership in your school in the Peoria area higher education community?						
COMMENTS: (Please provide a written statement about this stu	udent.)					•
culty Member's Signature						
Title/Subject Taught						
PLEASE RETURN TO	<b>-</b>	RY				

## DISCIPLINARY/ATTENDANCE FORM

This form is to be completed by a school official such as the dean of students, counselor, or principal.

School may substitute local form if it includes required information. Student's Name: Today's Date: > Please indicate the number of days absent and tardy, per semester, recorded for student during the current school year. 1st Semester: Days Days **Tardies** Excused Unexcused 2<sup>nd</sup> Semester: Days Days **Tardies** Excused Unexcused > Please indicate whether student has any major disciplinary infractions on file. (i.e., suspension and/or expulsion.) No major One or more major disciplinary actions disciplinary actions Detailed attendance report > Please attach the following documents: Current high school transcript This form was completed by: Name: \_ Title: Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ HS Official's Signature Date Position