

Regional Rural Pharmacy Technician Program Application

Deadline: February 13, 2026

Fall 2026 One-Semester Program—Part One: Online 40 Hour Course
Part Two - 20 Hour Unpaid Internship at Carle Health

Return this 2-page 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: _____

Current Grade Level: Junior

Date of Birth: _____

Gender: Male Female

Phone #: (home) _____ (cell) _____

Email: _____

Home Address: _____ City, ZIP: _____

High School: _____ School Phone #: _____

School Address: _____ City, ZIP: _____

Counselor Name: _____ Counselor Email: _____

	Name	Home Ph.	Work Ph.	Cell Ph.	Email Address
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, and gives the school permission to release all necessary school records.

Student: _____ Parent/Guardian: _____ Date: _____

Pharmacy Technician Application

Please write in your own words a paragraph describing your future career plans at this time and how learning Pharmacy Technician knowledge and skills will benefit you in your career plans.

CONFIDENTIAL
FACULTY/COUNSELOR RECOMMENDATION SHEET

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

To _____ Date _____
Faculty Member

_____ has expressed an interest in the _____
Student Name *Program Name*

program and has listed your name as a person who is familiar with her/his personality and possible future success in this Regional Career and Technical Education and Rural Pharmacy Technician program.

Your cooperation is greatly appreciated.

Rating Scale (Rating Scale: 5=Excellent 4=Good 3=Average 2=Fair 1=Poor)	1	2	3	4	5
Professionalism - This student will represent your school at an off-campus site if the student is selected for the program. Can this student be trusted to dress appropriately for the training? For example: Will the student wear safety equipment like safety glasses/boots? Can this student wear "business casual" to the workplace if that is a requirement?					
Attitude - Does this student contribute to your class in positive ways? Does this student help others? Does this student exhibit leadership skills?					
Cooperation - Does this student work with others in a "team" setting? Does this student take part in group work or does this student sit back and let others in the group do the assignment?					
Courtesy - Does this student treat you with respect? Does this student respect the feelings of his/her fellow students? Can this student be trusted to learn and work in a culturally diverse environment and not embarrass your school?					
Dependability - Does this student hand in assignments on time? Are they done completely and thoroughly?					
Initiative - Does this student ever do extra credit work or independent study work? Does this student ever "go beyond" the bare minimums of assigned work?					
Promptness & Attendance - Is this student usually on time for your class? Does this student miss more than a few days for real illness? <u>You</u> are the best judge of this student's ability to be on time and ready to work. How does this student "measure up"?					
Reliability - If you gave this student a project or assignment to do, could you count on this student to have it completed by the date assigned? Does this student follow directions and complete assignments with a degree of pride in his/her work?					
Citizenship - Will this student be a positive ambassador for your school in the Peoria area business or higher education community? Is this student a "good citizen" who shows some leadership in your own school?					

COMMENTS: (Please provide a written statement about this student.)

Faculty Member's Signature _____

Title/Subject Taught _____

PLEASE RETURN TO _____ **BY** _____

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
Excused

Days
Unexcused

Tardies

2nd Semester:

Days
Excused

Days
Unexcused

Tardies

➤ Please indicate whether student has any major disciplinary infractions on file. (i.e., suspension and/or expulsion.)

No major
disciplinary actions

One or more major
disciplinary actions

➤ Please attach the following documents:

Detailed attendance report

Current high school transcript

This form was completed by:

Name: _____

Title: _____

Phone: _____

Email Address: _____

HS Official's Signature

Date

Position