

Kilgore College Pharmacy Technician Registration Packet

What You Need to Do Next:

To register for Pharmacy Technician and secure your spot, email all required documents as a complete packet to **SHSCE@KILGORE.EDU** by the registration deadline on **June 16, 2025**.

Important Notes: Payment is due at registration (Once required documents have been approved)

- You are not officially registered until we have received all required documents.
- This is a high-demand course with a maximum of 14 students, and registration is on a first-come, first-served basis.
- To avoid delays, please ensure your packet is complete when submitted.
- If you are emailing your documents, please download a PDF scanner app such as CamScanner, Genius Scan, etc. to email clear legible copies of your documents. To bring your registration documents in person our office is located on the Kilgore Campus:
 - Bert E. Woodruff Adult Education Center
220 N. Henderson Blvd.
Kilgore, Tx 75662

Step 1 - Submit Required Documents:

Please email or deliver clear copies of the following:

- Driver's License or State Issued ID
- High School Diploma, Transcript, or GED
- If documents are missing, you will be notified by email
- Please utilize checklist included in this packet to verify you have all required documents
- DO NOT send your documents until you have EVERYTHING, please send it all in 1 email

Step 2 - Drug Test & Background Check:

- DATCS Authorization Forms are attached and will need to be taken with you to facility
- Cost: \$48; Background \$30.00, Drug Test \$18.00- (paid by student)
- Location: Drug and Alcohol Testing Compliance Services (DATCS)
 - 4000 Hwy 259 North, Longview, TX
- A positive drug test or background issue will disqualify you from the program

Step 3 – Make Tuition Payment & Purchase Textbooks

- When you have turned in all documents, you will receive an email titled “Registration Complete” with the next steps of the registration process
- **DO NOT MAKE TUITION PAYMENT OR PURCHASE TEXTBOOKS UNTIL YOU RECEIVE A “REGISTRATION COMPLETE” EMAIL**
- Textbooks for this course are to be purchased in bookstore at Kilgore College- Kilgore Campus:
 - Mosby's Pharmacy's Technician Principles and Practice 6th Edition - \$124.99
 - ISBN: 978-0323734073
 - Mosby's Pharmacy's Technician Principles and Practice 6th Edition Workbook and Lab Manual - \$120.99
 - ISBN: 978-0323734080
- If using Grants; instruction on how to apply are attached (TRUE, TPEG)
 - Please notify us if you plan to utilize one these grants

Class Details

- **Location:** Kilgore College – Kilgore Campus, Technical Vocational Building, Classroom 108, Lab 110
 - 1103 Oak Drive, Kilgore, Tx 75662
- **Duration:** 14 Weeks - June 30, 2025 – October 9, 2025
- **Schedule:** Hybrid
 - Class Meets On Campus: Monday 5 PM - 9PM
 - Class Meets Online Live: Wednesday & Thursday 5 PM - 9PM
 - Preassigned Clinical: As Assigned at Week 12
 - Calendar attached with breakdown of schedule
- **Tuition:** \$1842.00

Required Supplies

- **Attire:** Black scrubs (No print), comfortable leather tennis shoes, no crocs
- Textbook & Workbook
- Notebook, pens/pencils
- Laptop or Tablet
- Because this is a Hybrid course you are required to have Laptop or Tablet with reliable
- internet service

If you have any questions, please contact **Ginger Jackson** at gjackson1@kilgore.edu.



WORKFORCE DEVELOPMENT

COMMUNITY EDUCATION

Kilgore College WDCE Course Registration Form

Please Note: This is a fillable PDF form and should not be completed by hand. For best results, view and complete the form on a computer or smartphone using a PDF reader.

Date: _____

Social Security #: _____

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: _____

Name: _____
(Last Name) (First Name) (Middle Initial)

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Business or Cell Phone (_____) _____

Email: _____

Date of Birth: _____ Gender: _____

US Citizen: _____ If no, what country? _____

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Are you Hispanic or Latino?

2. Please select the racial category or categories with which you most closely identify.

Course Name

Start Date

Pharmacy Technician Registration Checklist

NAME: _____

STUDENT ID: _____

_____ Completed Registration Form

_____ Copy of Driver's License

_____ Copy of High School Diploma/Transcript/GED

_____ Clear Background Screen

_____ Negative Drug Screen

HOW TO APPLY FOR TRUE GRANT

- Complete the current year FAFSA at www.studentaid.gov
- Contact Amber Paredes within the three days following. Her contact information is as follows:

Amber Paredes
(903) 983-8217
e-mail aparedes@kilgore.edu

- Email Texas Aid Programs Statement of Student Eligibility form to Amber and inform her of which course you are enrolled in and would like to see if you qualify to the TRUE grant.
 - This form must be notarized

Please feel free to reach out if you have any questions or concerns.



TEXAS AID PROGRAMS STATEMENT OF STUDENT ELIGIBILITY

Student Name: _____

Student ID#: _____

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information about the Selective Service System, visit www.sss.gov.

Please mark one option below:

- ☐ I was born female and not required to register.
- ☐ I was born male and am under the age of 18 and not currently required to register.
- ☐ I was born male and am REGISTERED with the Selective Service.
- ☐ I was born male and am over the age of 18. I am not registered with Selective Service and I am not exempt from registration with Selective Service.
- ☐ I was born male and am EXEMPT from registration because: (please briefly explain why you are exempt in the area below.)

Please see page 2 for further questions related to eligibility for State aid.

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled substances Act), or under the law of another jurisdiction?

☐ No

☐ Yes *

I, _____, am not required to make any child support payments under any court order because either (*check one*):

☐ I do not have any children

☐ I am not obligated to pay child support

OR

Check box to confirm:

☐ I am not in arrears (behind on payments) on any child support obligations by any State or Federal court order.

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

I, _____, hereby certify that the statements provided above are true and accurate.

Student Signature: _____ **Date:** _____

This section must be completed by a Notary Public.

BEFORE ME, the undersigned authority, on this day personally appeared _____ and being by me first duly sworn, did state under oath the following:

My name is _____. I am fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this _____ day of _____, _____.

(Affix Seal)

NOTARY PUBLIC, STATE of _____

Texas Public Education Grant (TPEG) for Continuing Education

Kilgore College continuing education students can now apply for financial aid to cover the costs of classes in certain CE programs thanks to a Texas Public Educational Grant (TPEG) the college received. **THIS GRANT WILL COVER TUITION ONLY, BOOKS ARE TO PAID OUT OF POCKET.**

The grant is only available to students enrolled in the programs listed below and eligibility is based on student need.

| Eligible KC CE Programs | Maximum Award Amount |
|--|----------------------|
| Commercial Driving License (CDL) | \$3000 |
| HR Specialist | \$1212 |
| Industrial/Residential Electrical Technology | \$1600 |
| KCEPT Lineman Program | \$2500 |
| Nurse Aide | \$720 |
| Patient Care Technology | \$804 |
| Pharmacy Technology | \$1832 |
| Phlebotomy | \$874 |
| Sterile Processing | \$900 |
| Medication Administration | \$765 |

Students must apply to the CE program they're interested in. The Workforce Development – Continuing Education Department will process the application for the program. The student will be assigned a Student ID number once this application is processed.

Students must then login to the AccessKC portal to complete the KC Financial Aid Application:

<https://accesskc.kilgore.edu/ICS>.

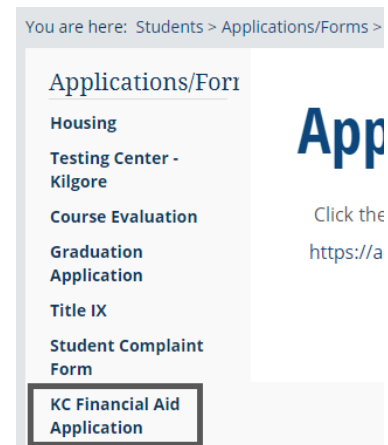
- Username: first four letters of last name + first four letters of first name + last four digits of student ID #
 - o EX: John Smith, ID# 123456789 – smitjohn6789
- Password: Student + month and day of student's date of birth
 - o EX: Student with a birthday of January 1, 1935 - Student0101

Once logged in, choose STUDENTS from the top menu bar. Once in the Students area, click the Application/Forms link on the left-hand side of the screen, then scroll down to the KC Financial Aid Application on the left-hand side of the screen.

Students must provide all required information before their KC Financial Aid Application can be processed and approved.

1. High School transcript or proof of GED Completion
2. Completed Verification Worksheet for appropriate award year*
3. Proof of income for appropriate tax year*:
 - a. Tax Return or Transcript for the year requested
 - b. Untaxed income such as SSI
 - c. VA non-education benefits
 - d. Other forms of income/support based on student and/or parent(s)' situation
4. Male students must be registered with Selective Service
 - a. Register online at www.sss.gov

* - Students under the age of 24 who are not married and have no dependents of their own are considered dependent students and must provide their parent(s)' household information as well as parent income/support information. One parent must sign the Verification Worksheet.



JUNE 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|----------|-----|-----|-------------------------|-----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 Juneteenth | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 5-9PM 30 | | | | | |
| | | | | | | |

JULY 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|----------|-----|----------|----------|--------------------------|-----|
| | | 1 | 5-9PM 2 | 5-9PM 3 | 4 Independence | 5 |
| 6 | 5-9PM 7 | 8 | 5-9PM 9 | 5-9PM 10 | 11 | 12 |
| 13 | 5-9PM 14 | 15 | 5-9PM 16 | 5-9PM 17 | 18 | 19 |
| 20 | 5-9PM 21 | 22 | 5-9PM 23 | 5-9PM 24 | 25 | 26 |
| 27 | 5-9PM 28 | 29 | 5-9PM 30 | 5-9PM 31 | | |
| | | | | | | |

AUGUST 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|----------|-----|----------|----------|-----|-----|
| | | | | | 1 | 2 |
| 3 | 5-9PM 4 | 5 | 5-9PM 6 | 5-9PM 7 | 8 | 9 |
| 10 | 5-9PM 11 | 12 | 5-9PM 13 | 5-9PM 14 | 15 | 16 |
| 17 | 5-9PM 18 | 19 | 5-9PM 20 | 5-9PM 21 | 22 | 23 |
| 24 | 5-9PM 25 | 26 | 5-9PM 27 | 5-9PM 28 | 29 | 30 |
| 31 | | | | | | |

CLASSROOM: IN-PERSON 5:00 PM - 9:00

CLASSROOM: ONLINE LIVE 5:00 PM - 9:00 PM

PREASSIGNED CLINICAL PLACEMENTS: AS SCHEDULED

SEPTEMBER 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----------------------|-----|-----------------------|-------------|-----|-----|
| | 1 Labor Day | 2 | 3 5-9PM | 4 5-9PM | 5 | 6 |
| 7 | 8 5-9PM | 9 | 10 5-9PM | 11 5-9PM | 12 | 13 |
| 14 | 15 5-9PM | 16 | 17 5-9PM | 18 5-9PM | 19 | 20 |
| 21 | 22 5-9PM | 23 | 24 Clinicals Start | 25 | 26 | 27 |
| 28 | 29 | 30 | | | | |
| | | | | | | |

OCTOBER 2025

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|--------------------|-----|-----|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 Clinical Ends | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |
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CLASSROOM: IN-PERSON 5:00 PM - 9:00

CLASSROOM: ONLINE LIVE 5:00 PM - 9:00 PM

PREASSIGNED CLINICAL PLACEMENTS: AS SCHEDULED



AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: _____ **Account Number:** _____

Company DER: _____ **Phone:** _____

Fax: _____

Donor Name: _____ **Donor SSN** _____

Scheduled Date: _____ **Notification Expiration Time:** _____

*****STUDENTS ARE RESPONSIBLE FOR ALL
FEES ASSOCIATED WITH DRUG TESTING**

REASON:

☐ **DRUG TEST \$18.00**

☐ Pre-employment

☐ **ALCOHOL TEST**

☐ Random

☐ **BACKGROUND \$30.00**

☐ Post-Accident

☐ **OTHER TEST:** _____

☐ Reasonable Suspicion

☐ Return-to-Duty

☐ Follow-Up

☐ **Pre-Access


SIGNATURE OF DER OR DESIGNATED SUPERVISOR

EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM

Longview frontdesk@datcs.com Fax 903-234-1948

Bossier City frontbossier@datcs.com Fax 318-212-1128

Tyler fronttyler@datcs.com Fax 903-534-5983

Wichita Falls wffront@datcs.com Fax 940-264-8808

From the time a donor is notified by a company representative to submit to a drug and/or alcohol test, he or she will be allowed thirty minutes plus travel time to arrive and check in with the approved collection site.
*By signing this document, I acknowledge that I have read and understand the preceding statement. I furthermore acknowledge that my failure to submit to these instructions will subject me to the disciplinary action outlined in the company's drug/alcohol policy. Once the testing process begins, I will not be allowed to leave the premises. I acknowledge that leaving the facility will be reported as a **REFUSAL to test**.*

DONOR SIGNATURE: