

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 **December 4, 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 CamScanner, Genius Scan, etc. to email a clear legible copies of your documents. To bring your registration documents in person our office is located on the Kilgore Campus:
 - Torrence Health Sciences Education Center; Office 102
1610 S. 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 - January 5 - April 20, 2026
- **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 **Kristen Cage at Kcage@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

Date Application Received: _____

Pharmacy Technician Registration Checklist:

Name: _____ Student ID: _____

Registration Form
 Copy of Driver's License
 Copy of High School Diploma/Transcript/GED
 Clear Background Check (Within 6 months) Date: _____
 Negative Drug Test (Within 60 days) Date: _____
 Payment of Tuition Cash: _____ TRUE Grant: _____

Notes:

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

You are here: Students > Applications/Forms >

Applications/Fori

Housing

Testing Center -
Kilgore

Course Evaluation

Graduation
Application

Title IX

Student Complaint
Form

App

Click the

<https://a>

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

KC Financial Aid
Application

* - 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.

AUTHORIZATION FORM: NON – REGULATED DRUG / ALCOHOL TESTING

Company Name: KILGORE COLLEGE PHARMACY TECHNICIAN

Account Number: 3943A

Company DER: JENNIFER HALTON/GINGER JACKSON

Phone: (903) 983-8645

Fax:

Donor Name: _____

Donor SSN: _____

Scheduled Date: _____

Notification Expiration Time: _____

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

 DRUG TEST \$18.00 ALCOHOL TEST BACKGROUND \$30.00 OTHER TEST: _____

REASON:

- Pre-employment
- Random
- Post-Accident
- Reasonable Suspicion
- Return-to-Duty
- Follow-Up
- **Pre-Access

Jennifer Halton
SIGNATURE OF DER OR DESIGNATED SUPERVISOR

EMAIL, FAX OR GIVE EMPLOYEE AUTHORIZATION FORM

Longview frontdesk@datcs.com

Fax 903-234-1948

SubmitBossier City frontbossier@datcs.com

Fax 318-212-1128

SubmitTyler fronttyler@datcs.com

Fax 903-534-5983

SubmitWichita Falls wffront@datcs.com

Fax 940-264-8808

Submit

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:

JANUARY 2026

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

FEBRUARY 2026

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

MARCH 2026

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

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

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

PREASSIGNED CLINICAL PLACEMENTS: AS SCHEDULED

APRIL 2026

SUN	MON	TUE	WED	THU	FRI	SAT
			5-9PM Online	1	5-9PM Online	2
Easter Sunday	Clinical Start	6	7	8	9	3
12	13	14	15	16	17	18
19	Clinical/Course End	20	21	22	23	24
26	27	28	29	30		

MAY 2026

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	20	21	22	23
24	25	26	27	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