

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 **September 4, 2026**.

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 a clear legible copy of your documents. To bring your registration documents in person our office is located on the Kilgore Campus:
 - Torrence Health Sciences Education Center; Office 106
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 - \$179.08
 - ISBN: 978-0323734073
 - Mosby's Pharmacy's Technician Principles and Practice 6th Edition Workbook and Lab Manual - \$65.99
 - 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 - September 14, 2026-January 15, 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 Turner 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

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.

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 _____



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
- ALCOHOL TEST
- BACKGROUND \$30.00
- OTHER TEST: _____

- Pre-employment
- Random
- Post-Accident
- 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:

SEPTEMBER 2026

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	Last day to register 4	5
6	Labor Day 7	8	9	10	11	12
13	Campus 5pm-9pm 14	15	Online 5pm-9pm 16	Online 5pm-9pm 17	18	19
20	Campus 5pm-9pm 21	22	Online 5pm-9pm 23	Online 5pm-9pm 24	25	26
27	Campus 5pm-9pm 28	29	Online 5pm-9pm 30			

OCTOBER 2026

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

NOVEMBER 2026

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

Classroom- Monday's 5pm-9pm

Online- Wednesday & Thursday 5pm-9pm

DECEMBER 2026

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

JANUARY 2027

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

Clinicals- Last 2 Weeks of Program

Campus Closed for Holidays