Pharmacy Technician Apprentice Program

Dear Applicant:

The Pharmacy Department at Cleveland Clinic is pleased to announce applications are being accepted for the **Pharmacy Technician Apprentice** position.

The Pharmacy Technician Apprentice is a full-time 1-year paid position that will provide eligible candidates with the opportunity to work as a Pharmacy Technician Trainee at Cleveland Clinic Main Campus & Regional Hospitals, while also completing coursework for the Cleveland Clinic School of Pharmacy Technology. Upon graduation, the Pharmacy Technician Apprentice will take the Pharmacy Technician Certification Exam and in passing, will be eligible to apply for the role of a Cleveland Clinic Certified Pharmacy Technician. The Pharmacy Technician Apprentice position focuses on providing individuals with on-the-job training and education to support their career through pharmacy technology, and will prepare them for a position as a Certified Pharmacy Technician.

Applicants selected to participate must commit to a full-time 1-year position as a Pharmacy Technician Apprentice. The program will begin late Summer 2021. Selected applicants will receive a set hourly wage, employee benefit package, and tuition waived for the Cleveland Clinic School of Pharmacy Technology.

The Pharmacy Technician Apprentice can apply to open Certified Pharmacy Technician positions throughout the Cleveland Clinic enterprise upon successful completion of the program.

Applications for the Pharmacy Technician Apprentice Program will be accepted on a rolling admission basis until all positions are filled. Individuals interested in applying must submit their completed application, and essay questions via mail or email. Applications that are incomplete and/or missing documentation will not be considered.

Best regards,

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Samuel Calabrese, MBA, R.Ph., FASHP Chief Pharmacy Officer Cleveland Clinic Department of Pharmacy

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Brigid Whelan, BSHS, CPhT Program Manager Cleveland Clinic School of Pharmacy Technology

Pharmacy Technician Apprentice Program

Pharmacy Technician Apprentice Application

Please complete the application in its entirety. Applications that are incomplete and/or missing documentation will not be considered. Applications will be accepted on a rolling admission basis until all positions are filled.

| STUDENT INFORM | ΜΑΠΟΝ | | | | |
|--|----------------|---|---|------|----------------|
| | | | | | |
| Student Name: | | | | | |
| | Last | First | | | Middle Initial |
| Phone Number: | | Email Address: | | | |
| | | | | | |
| Home Address: | Chroat | City | 0 | tate | Zip Code |
| Date of Birth: / | | City | 5 | lale | Zip Code |
| Applicants must be 18 | 3 years of age | | | | |
| 30 days prior to start of | date | | | | |
| Site(s) of Interest (Pleat **Please note travel to Main | | apply): ired throughout the program** | | | |
| | | | | | |
| Main Campus | | South Pointe Hospital Warrensville Heights, Ohio | | | |
| , | _ | - | _ | | |
| Euclid Hospital | | Medina Hospital Medina, Ohio | | | |
| Fairview Hospital | | Avon Hospital | | | |
| Cleveland West Side, Ohio | | Avon, Ohio | | | |
| | | | | | |
| | | | | | |
| SCHOOL INFORM | ATION | Graduation OR GED | | | |
| High School: | | Completion Date: | | | |
| - | | | | | |
| Reference #1: | | | | | |
| Name: | | Email Address: | | | |
| | | | | | |
| Reference #2: | | | | | |
| Name: | | Email Address: | | | |
| | | | | | |
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Pharmacy Technician Apprentice Essay Questions

All applicants are required to submit an essay with their application to be considered for participation in the program. Please answer the following questions to the best of your ability. Spelling, grammar, and punctuation will be taken into consideration.

1) Whyare you interested in the field of pharmacy?

2) From a financial standpoint, what impact would this opportunity have on your education?

3) Describe the character traits and skills you possess that make you well-suited for a career in pharmacy.

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STUDENT DISCLOSURE INFORMATION

| Have you ever been dismissed, suspended, expelled, | placed on pro | obat | tion or | oth | erwise involuntarily separated |
|---|---------------|------|---------|-----|--------------------------------|
| from high school or other educational institutions? | Yes | | No | | |

If yes, please explain.

I certify that answers given herein are true and complete to the best of my knowledge. I authorized investigation of all statements contained in this application for employment as may be necessary in arriving to an employment decision.

Signature of Applicant: ____

_____ Date: _____

Additional documents are required for consideration are:

- ✓ Completed application, including essays (submit electronically below)
- ✓ Copy of High School Diploma OR High School Transcripts OR Copy of GED

Via Mail

Cleveland Clinic Pharmacy Department c/o Brigid Whelan 9500 Euclid Avenue, Hb-110 Cleveland, OH 44195

Via Email

pharmacytech@ccf.org

Click the gray box below to submit this form electronically