

Santa Ana College

Pharmacy Technology Program

Name _____

Email _____

Date/Phone _____

What is your ACADEMIC GOAL in the Pharmacy Technology program? Indicate **when** you plan to complete the **BASIC** certificate. If you also plan to complete the ADVANCED certificate and/or the ASSOCIATE DEGREE, indicate **when** you plan to complete those.

Basic certificate _____ Advanced certificate _____ Associate degree _____

Describe your future plans as they relate to your EMPLOYMENT as a pharmacy technician.

A. Describe what you plan to be doing in pharmacy **three years** from now.

B. Describe your **ultimate goal(s)** in pharmacy.

Discuss any other PERSONAL GOALS that you have set for yourself, including those that Santa Ana College can help you to meet:

A. NOTE: Background clearance and drug test are required prior to taking lab classes. The California Board of Pharmacy will not grant licenses to students with criminal background or illicit drug use. Such students are discouraged from enrolling in the program.