

FY22 (2021-22)
Wisconsin Indianhead Technical College
Pharmacy Technician Program

SELF-REPORTING REQUIREMENTS

I understand that my enrollment in required clinical experiences of the Pharmacy Technician program is conditioned upon a clearance following review of my WI Background Information Disclosure (BID), National Background Check, and/or MN Applicant Profile (AP) confirmation of the accuracy of the information through the Minnesota and Wisconsin Departments of Justice.

I understand that from the time I complete the BID and/or AP form until I graduate from or drop the program, if I am charged with or convicted of a crime or a municipal ordinance violation of any type, before any court, or if I am investigated for any violation of a local, state or federal law, I must report this to the Wisconsin Indianhead Technical College Pharmacy Technician Program Director within seven (7) school days. I understand and acknowledge that the result of the background check and any subsequent investigation, charge or conviction may cause me to be barred or suspended from clinical programs. I also understand and acknowledge that this may delay or prevent my graduation from the program, as well as delay or prevent my receiving licensure. I am further informed and understand that my failure to report any required information will prevent enrollment in clinical courses and result in dismissal proceedings.

I understand that a further background check will be conducted prior to my enrollment in any clinical course. I also understand that after the initial background check, WITC may conduct a new background inquiry at any time the Associate Dean, Health Sciences has reason to believe that a further background check should be conducted. Finally, I am informed and understand that all background checks are obtained at the expense of the student.

Pharmacy Technician Program Director:

Jami Wallace
PhT Program Director
WITC-New Richmond
1019 South Knowles Ave
New Richmond WI 54017
800-243-9482, x4202
jami.wallace@witc.edu

Print Name: _____

Social Security Number: _____ Student ID _____
(Must be provided to process the BID)

Signature: _____ Date: _____

Copy to the student