

Stamps Health Services Pharmacy Volunteer/Employee Program

Applicant Requirements

All potential volunteers must submit an application to the Pharmacy Manager. Once the Pharmacy Manager reviews the applications, interviews will be completed. Upon an offer by the Pharmacy Manager to participate in the pharmacy volunteer program, applicants must complete the process of registering as a pharmacy technician with the Georgia Board of Pharmacy. The registration procedure can be located online at www.gbp.georgia.gov.

The registration requirements for the Georgia Board of Pharmacy are as follows:

- Complete the Pharmacy Tech Application located at www.gbp.georgia.gov along with a \$100 non-refundable application fee
- Complete the Citizenship/Qualified Alien Status form
- Complete the Fingerprint Background Check through GAPS/Cogent
- The pharmacy license number for our pharmacy is **PHRE005743**

Applicant agrees to the following volunteer requirements:

- Wants to pursue a career in a medical/health related field
- Volunteer a minimum of two consecutive semesters in the pharmacy department
- Able to commit to 3 hour shifts at least twice a week
- Able to commit to a set schedule each semester depending upon the student's availability and the pharmacy need
- Complete required training modules prior to working in the pharmacy department (HIPAA, Combat Meth, Student Training Manual)
- A volunteer can become eligible to be an employee after at least 1 volunteer semester, Pharmacy Manager review, and if there is an opening

Applicants must have at least a 2.5 GPA and be in good standing with the Georgia Institute of Technology. In turn, applicants will be able to gain a more intimate knowledge of retail pharmacy and interact with a variety of healthcare providers. Because the success of the Pharmacy Volunteer Program depends on your commitment, please only apply if you are willing to honor your commitment to the department and your fellow volunteers.

Please complete the following application and return to Nina Thoman, PharmD, RPh, via email (nina.thoman@health.gatech.edu) OR hard copy (Stamps Health Services Pharmacy, 740 Ferst Drive).



Stamps Health Services Pharmacy Student Volunteer/Employee Program Application

Name: _____

GTID: _____

Phone Number: _____

Major: _____

Pre-Health Career Focus:

Year in School: _____ Graduation Year: _____

Please give a brief explanation of your interests in the field of Pharmacy, and why you would like to be considered for a volunteer position:

By signing below, you agree that you have read and are able to follow the applicant requirements.

Signature: _____ Date: _____