



# Pharmacy Technician Associate Program

Dear Applicant:

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

The Pharmacy Technician Associate 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 Associate 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. This position is designed for high school senior students with financial need that are interested in pursuing a career in pharmacy technology. The Pharmacy Technician Associate 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 Associate. 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 Associate can apply to open Certified Pharmacy Technician positions throughout the Cleveland Clinic enterprise upon successful completion of the program.

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

Best regards,

Handwritten signature of Samuel Calabrese in black ink.

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

Handwritten signature of Brigid Whelan in black ink.

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

## Pharmacy Technician Associate 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 INFORMATION

Student Name: \_\_\_\_\_  
Last First Middle Initial

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Applicants must be 18 years of age  
 30 days prior to start date**

Site(s) of Interest (Please check all that apply):

\*\*Please note, travel to Main Campus will be required throughout the program\*\*

<b>Main Campus</b> <input type="checkbox"/> <small>Downtown Cleveland, Ohio</small>	<b>South Pointe Hospital</b> <input type="checkbox"/> <small>Warrensville Heights, Ohio</small>
<b>Euclid Hospital</b> <input type="checkbox"/> <small>Euclid, Ohio</small>	<b>Medina Hospital</b> <input type="checkbox"/> <small>Medina, Ohio</small>
<b>Fairview Hospital</b> <input type="checkbox"/> <small>Cleveland West Side, Ohio</small>	

### SCHOOL INFORMATION

High School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Science or Math Teacher:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Teacher of Student's Choice:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_



**STUDENT DISCLOSURE INFORMATION**

Have you ever been dismissed, suspended, expelled, placed on probation or otherwise 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)
- ✓ High school transcripts (mail or email using information below)

**Via Mail**

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

**Via Email**

[pharmacytech@ccf.org](mailto:pharmacytech@ccf.org)

Click the gray box below to  
submit this form electronically

