

Pharmacy Technician Program

Student Applicant Information

DIAL Virtual School – Brenda Merkel, Instructor

Please complete the following and email to karen.peters@k12.sd.us

Must be a Senior during the 2026-27 school year.

Student Name:

Mailing Address:

Student k12 email:

Alternate email:

School District:

School Administrator:

Administrator's email:

Parent/s:

Parent email:

Local Pharmacy (for possible later use):

Pharmacist:

Telephone/Email:

Questions for student- (attach additional pages, if needed)

1. Have you taken a Medical Terminology or Health Careers class?
2. Why are you interested in this Pharmacy Technician program?
3. Have you discussed the cost of the program with your school/parents?