



## APPLICATION FOR PROGRAM GRADUATION

I, \_\_\_\_\_ (full name), working for  
\_\_\_\_\_ (pharmacy name), hereby submit the  
following information for consideration for graduation from Pharmacy Tech Prep  
Online administered by Pharmacy Services Inc.

☐ By checking this box, I acknowledge that I have successfully completed the on-the-  
job training hours defined by my pharmacy manager in accordance with enrollment in  
the Pharmacy Tech Prep Online program.

☐ By checking this box, I acknowledge that I have successfully passed the Pharmacy  
Technician Certification Board's Pharmacy Technician Certification Exam (PTCE).

☐ By checking this box, I acknowledge that I have obtained my Pharmacy Technician  
License in Michigan. My license number is \_\_\_\_\_ (number) and  
was issued on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature Date Submitted

Please print and complete this form including your signature. You may fax it to (517) 484-1605, scan and  
email it to [Products@PSI.solutions](mailto:Products@PSI.solutions) or mail it to the address below.

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