



Nursing & Allied Health Department

Reliable Transportation Agreement

I, _____, do not have Auto Insurance due to not owning a vehicle, but I do have reliable transportation to take me to my clinical site for my required minimum 120 clinical hours for my Certified Pharmacy Technician Program.

I, _____, understand that for any reason I am unable to attend my required clinical site hours that I will fail PT 222, Pharmacy Technician Externship course.

Student Signature: _____ Date: _____

Allied Health Office Received Date: _____