



## Nursing & Allied Health Department

### Reliable Transportation Agreement

I, \_\_\_\_\_, do not have a California License, 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: \_\_\_\_\_