

**Please print your name on the first line and sign on the student designated line.**

I \_\_\_\_\_ have read and understand all the rules and expectations that are required of me while at my externship site. If I do not abide by the rules and expectations above I fully understand that I will be terminated from the program and I will not receive my certificate of completion or my CA State Pharmacy Technician License.

Student \_\_\_\_\_

Date \_\_\_\_\_

Program Director \_\_\_\_\_

Sonia Ruiz

Date \_\_\_\_\_