

**Application For Admission To  
Nontraditional Doctor of Pharmacy Degree Program  
Idaho State University  
Pocatello, Idaho**

*Please refer to "Guidelines For Completing Application"*

<b>SECTION A</b>		Date _____
Name: (    )Mr. (    )Ms. (    )Dr. _____ (    )Male (    )Female		
Any other name used while attending school? _____		
Permanent Home Mailing Address _____		
City _____	State/Province _____	Zip/Postal Code _____ Country _____
Home Phone No. (____) _____ (Area Code)	Work Phone No. (____) _____ (Area Code)	
Social Security Number (US only) _____	E-mail _____	
Date of Birth _____	Fax No. _____	
In case of emergency, please contact:		
Name _____	Phone (____) _____ (Area Code)	
Address _____ _____	Relationship to Applicant _____	

<b>SECTION B</b>		
Residency and Citizenship Status:		
US Citizen (    ) Yes (    ) No		
Canadian Citizen (    ) Yes (    ) No		
Immigrant with permanent residency (    ) Yes (    ) No		
Other-please specify _____		
State or Province of Residency _____		
If Idaho, How Long? _____		
Native Language _____	TOEFL Score ( if applicable) _____	
List State(s)/Province(s) in which you are currently licensed to practice.		
State/Province _____	License # _____	
State/Province _____	License # _____	
<b>(OPTIONAL)</b> Please indicate ethnic origin with which you identify:		
(    ) American Indian or Alaska Native	(    ) Asian or Pacific Islander	(    ) African American
(    ) Hispanic	(    ) Caucasian	(    ) Other — Specify _____

**SECTION C**

Please list all higher education institutions you have attended.

<u>College/ University</u>	<u>Dates Attended</u>	<u>Semester/ Quarter</u>	<u>Credits</u>	<u>GPA</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION D**

Degrees Awarded:

<u>Degree</u>	<u>Major</u>	<u>College/University</u>	<u>When Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION E**

Recommendations

Please list the individuals from whom we will receive recommendations. It is your responsibility to ensure these individuals return the recommendations directly to the College of Pharmacy. Please have references use the enclosed recommendation form.

References	1	2	3
Name	_____	_____	_____
Title	_____	_____	_____
Business	_____	_____	_____
Relationship to Applicant	_____	_____	_____

*\*Note: At least one reference must be from your present employer or immediate supervisor unless you are self employed.*

**SECTION F**

Work And Professional History:

Current Position: \_\_\_\_\_

Date Employed: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Summary of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Organization Affiliations:

Offices Held:

Date Held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional Accomplishments: (Feel free to use additional paper.)

A) Describe in detail all practice activities and/or services in which you are or have been actively engaged and estimate the number of hours per week involved in each (e.g., pharmacokinetic dosing, antibiotic surveillance, P & T Committee responsibilities, health screening activities, patient counseling, administrative and dispensing functions, etc.)

B) Other professional achievements (e.g., awards, presentations, significant organizational contributions, certifications, etc.).

**SECTION G**

Include why you are interested in pursuing the Nontraditional Doctor of Pharmacy degree. Use this opportunity to tell the Admissions Committee anything about yourself which has not been reflected in other parts of this application. Do not exceed the space given on this page for your essay.

**SECTION H**

I hereby apply for admission to the College of Pharmacy and certify that all information on this application is accurate to the best of my knowledge. The application fee is enclosed with these documents.

Date \_\_\_\_\_ Signed \_\_\_\_\_