Dear Prospective Applicant:

We are pleased that you are considering the Nontraditional Doctor of Pharmacy (PharmD) at Idaho State University (ISU). This program offers an exciting and innovative approach designed to make it possible for practicing pharmacists to obtain their PharmD degree with the least amount of interruption in their personal lives.

Students have up to 3.5 years to complete the didactic component of the program, which includes 37 semester credit hours of course work. Didactic courses are taught using video recordings on DVDs and detailed syllabi, with each course utilizing a textbook suitable for the nontraditional learner.

Upon completion of the didactic courses, students are required to complete 18 weeks of Advanced Pharmacy Practice Experiences (APPEs). APPE sites are presently being developed throughout the United States and Canada. Additional clinical sites can be approved provided they meet the requirements specified by the faculty of the College.

We have designed a selection process which gives all candidates an equal opportunity to present themselves. There are several components of the selection process including submission of: the application and fee, proof of current licensure, three letters of recommendation, and all college/university transcripts. After review of the application materials, selected applicants will be invited to campus for an interview. Upon acceptance to the Nontraditional PharmD program, the candidate must also be accepted for admission to Idaho State University.

Since the number of students we accept is limited, we may not be able to place qualified candidates in the program for the start date requested. In these cases, individuals may be placed on a “conditional enrollment” waiting list and placed into the program as space becomes available.

If at any time during the selection process you have questions or concerns, please feel free to contact our office at (208) 282-3918. Good Luck! We sincerely hope that you find the best program for your future success.
GUIDELINES FOR COMPLETING APPLICATION

All application materials for the Nontraditional Doctor of Pharmacy program must be sent directly to the College of Pharmacy for processing. Please return all application materials, a photocopy or a similar proof of licensure, and the application processing fee of $50.00 to: Idaho State University, College of Pharmacy, Campus Box 8356, Pocatello, ID 83209. (Checks should be payable to ISU, College of Pharmacy.)

Neatness counts! We prefer that you type your application, if possible. If you must hand write the application, make sure that it is neat and legible.

SECTION A
This information is necessary for our permanent records.

SECTION B
Residency is an important factor in our selection process; preference will be given to pharmacists currently practicing in Idaho. Ethnicity is not a factor in the selection process and this information is used for statistical purposes only. If you prefer not to respond to this question, it will not adversely affect your application.

SECTION C
Please list all colleges or universities you have attended. Include the dates that you attended the institution and whether the institution used a semester or a quarter system, credits and GPA for each transcript. Request an official transcript from each school be sent directly to the College of Pharmacy.

SECTION D
Please indicate degree(s) received, major, and when and where the degree(s) was/were received.

SECTION E
1. Only the recommendations made on the accompanying forms will be accepted. Do not send or have your references send written letters of reference. This allows uniform evaluation of each recommendation.
2. Do not have relatives complete recommendations for you.
3. One reference must be from your current employer or supervisor. (If self-employed, have a colleague complete the recommendation.) At least one of the two references must be from a professional colleague. The person who completes the recommendation forms should know you well enough to comment on your strengths and weaknesses.
4. You may waive or retain your rights to have access to the evaluation. In the latter case, please have your reference send the form directly to the College of Pharmacy. It is your responsibility to ensure your recommendations are returned by the specified deadline.

SECTION F
This is one of the most crucial components related to your selection to the Doctor of Pharmacy program. Please provide a detailed and accurate perception of your professional practice. Please add additional pages to cover this topic area; however please be succinct in your presentation of this material. If you feel your resume or curriculum vitae can enhance this section, please include it.

SECTION G
Use the space provided on the back of the application to describe why you are pursuing the Doctor of Pharmacy degree, and how you perceive this advanced degree will benefit your practice of pharmacy. Also use this opportunity to provide any other information you feel might be useful to the Admissions Committee.

SECTION H
Your signature is your contract with the College of Pharmacy indicating that, to the best of your knowledge, all information related on this application is accurate. False disclosure of information could disqualify your application.

ADMISSION TIME LINE

<table>
<thead>
<tr>
<th>APPLICATION DEADLINE</th>
<th>INTERVIEW DATES</th>
<th>PROGRAM START DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1</td>
<td>January 1 - 31</td>
<td>March 1</td>
</tr>
<tr>
<td>June 1</td>
<td>September 1 - 30</td>
<td>November 1</td>
</tr>
</tbody>
</table>