

# FALL 2017 APPLICATION

# TEMPLE UNIVERSITY SCHOOL OF PHARMACY SUPPLEMENTAL APPLICATION AND INSTRUCTIONS FOR PharmD PROGRAM

Temple University School of Pharmacy Office of Admissions 3307 N. Broad Street Philadelphia, PA 19140 Telephone 215-707-4900 Fax 215-707-3678 pharmacy.temple.edu

It is the applicant's responsibility to collect and submit all required materials to the School. Please print the forms on  $8\frac{1}{2}$  by 11 paper and follow all directions carefully.

There are 3 pages to the application, not including this instruction sheet.

## **REQUIRED APPLICATION MATERIALS:**

All applicants must first file an application through PharmCAS, a web-based Pharmacy College Application Service, by February 1, 2017 at <a href="http://www.PharmCAS.org">http://www.PharmCAS.org</a> . It is beneficial to submit the application early, so that any problems can be resolved before the February 1st deadline.
PharmCAS must receive ALL official college transcripts by February 1, 2017. PharmCAS will not release applicant information to the School of Pharmacy until all transcripts, from every institution attended, are received.
Register to take the Pharmacy College Admissions Test (PCAT) at <a href="www.pcatweb.info">www.pcatweb.info</a> . Select to have the scores sent directly to PharmCAS CODE 104. You must take the PCAT exam no later than the January 5, 2017 testing date for the results to be submitted in time for review. However, earlier testing is encouraged.
Complete the Supplemental Application (please print clearly or type) and return it to the School of Pharmacy, Office of Admissions, 3307 N. Broad Street, Philadelphia, PA 19140, by February 1, 2017. Return all paperwork in one envelope, include the following: a <i>non-refundable</i> \$50.00 application fee, check or money order made payable to Temple University.

### **NOTE**

- All required (prerequisite) courses must be completed prior to entrance into the professional pharmacy program.
- Selected applicants will be invited to participate in an interview process (Date and Time TBA).
- Submit a copy of your Spring Term grade report to the School of Pharmacy as soon as you receive it.



Please follow these directions:

Application Deadline						PharmCAS No.
February 1, 2017						

\*Temple University requests your Social Security Number (SSN) because federal, state, and local laws require the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy <a href="http://policies.temple.edu/getdoc.asp?policy\_no=04.75.11">http://policies.temple.edu/getdoc.asp?policy\_no=04.75.11</a>.

Please note all students must be registered as Pennsylvania Pharmacy interns and disclosing your social security number on that application is mandatory in order for the Pennsylvania State Board of Pharmacy to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23. PA C.S. § 4304.1(a).

NOTE: All pharmacy students are required to complete a criminal background check (CBC) annually prior to participation in Introductory Pharmacy Practice Experiences (IPPE) and Advanced Pharmacy Practice Experiences (APPE). A negative CBC may preclude your placement at particular sites and affect your eligibility for pharmacist licensure in certain states, including Pennsylvania. IPPE and APPE sites may require a copy of your criminal background report or may require additional screening. Licensure issues should be address directly with the relevant State Board of Pharmacy.

#### SUPPLEMENTAL APPLICATION

nt does not apply) oney order made payable to Temple U	Jniversity.
If yes, what year did you a	pply ?
Email :	
First	Middle Initial
her addresses and dates when in use.	
Apartment	name and number if applicable
State	
Country	ZIP Code
Other ( )	Ext
Year 7a. Place of Birth	:
Es	American Indian/ Other skimo e response is used solely for compliance
	The property order made payable to Temple United State    Country

If an International Student, what type of visa will you have while a student at Temple University?

Alien Registration Number: \_\_\_\_\_ What type of visa do you presently hold? \_\_\_\_\_



11.	Are you now attending or have you ever attended Temple University?										
	☐ Yes ☐ No If yes, please give dates and major :										
12.	Have you previously applied for Admission to Temple University ?										
	Yes No If yes, please give semester, year and major:										
13.	Do you have a bachelor's degree ?										
14.	Name of High School:										
	Address City State Zip  Graduation Date Month Year										
15.	Dates you have taken (and/or will take) the Pharmacy College Admission Test (PCAT):  PCAT										
	Mo. Year Mo. Year Mo. Year Mo. Year  If you claim Pennsylvania your legal residence, how long have you lived continuously in Pennsylvania?										
17.	Number of Years Do your parents live in Pennsylvania ?										
18.	Mother's Name: Living Deceased  Occupation Address										
19.	Has anyone in your immediate family attended Temple University?										
Naı	If yes, please list:  e: Relationship to you:										
	ress:										
	Is anyone in your immediate family employed at Temple University?										
No.	If yes, please list:										
	ree: Relationship to you:										
	Her department at Temple :										
H1S	Her department at Temple:										



I understand that any misrepresentation of facts on this application or withholding of information may be cause for refusal of admission, dismissal, or other disciplinary action, if they are subsequently discovered.	r
Applicant's signature (Note: Unsigned applications will be returned for signature.)  Date	
Send entire completed application, including the <b>non-refundable</b> \$50.00 fee payable to Temple University.	
Thank you for applying to Temple University School of Pharmacy. If you have any questions, please call (215) 707-4900.	