



PHILADELPHIA · COLLEGE · OF · OSTEOPATHIC · MEDICINE

SCHOOL OF PHARMACY

678-407-7330  
678-407-7339 FAX  
pharmacy@pcom.edu E-MAIL

Dear Applicant:

Philadelphia College of Osteopathic Medicine is proud and excited to announce our new Pharmacy program at Georgia Campus – PCOM! The School of Pharmacy is a welcome addition to our campus in Suwanee, Georgia joining the community of osteopathic medical students, research students, faculty and staff. Pharmacists are one of the most trusted members of the health care community, and we are pleased to be able to offer the PharmD program.

The PCOM School of Pharmacy – Georgia Campus is proceeding with plans to enroll its first class for Fall 2010 and has opened the student application process in anticipation of opening according to plan. PCOM has secured approvals from the Pennsylvania Department of Education, the Middle States Commission on Higher Education, and the Nonpublic Postsecondary Education Commission of Georgia. In order to open as scheduled, the school must also attain pre-candidate status from the Accreditation Council for Pharmacy Education.

Philadelphia College of Osteopathic Medicine's Doctor of Pharmacy program has applied for accreditation status by the Accreditation Council for Pharmacy Education, 20 North Clark Street, Suite 2500, Chicago, IL 60602-5109, 312-644-3575; fax 312-664-4652, web site [www.acpe-accredit.org](http://www.acpe-accredit.org). For an explanation of ACPE accreditation process, consult the Office of the Dean or ACPE ([www.acpe-accredit.org](http://www.acpe-accredit.org)).

Attached is our application for the inaugural PharmD class with the anticipated opening in August, 2010. We expect to begin to conduct interviews very soon. Additional information can be found on the web at [www.pcom.edu](http://www.pcom.edu).

If you have any questions, please feel free to contact me at 678-407-7340. We look forward to receiving your application and thank you for your interest in the PCOM School of Pharmacy – Georgia Campus.

Sincerely,

Mark Okamoto, PharmD  
Dean

# APPLICATION INSTRUCTIONS

## DOCTOR OF PHARMACY

The material in this packet is to be used by those applying to the Doctor of Pharmacy program.

As an applicant to the Doctor of Pharmacy (PharmD) program at Georgia Campus – Philadelphia College of Osteopathic Medicine, you are responsible for ensuring that all admissions materials are completed accurately and submitted on time.

Admissions materials consist of:

- Application, including autobiographical statement
- Official transcripts of all undergraduate and graduate work
- Three letters of recommendation
- \$50 application fee
- Pharmacy College Admissions Test (PCAT) CODE 095

## Admissions Application

### Applicant Data

Enter your full legal name; do not substitute initials for a name.

### Letters of Recommendation

Applicants should have three letters of recommendation sent directly to the address listed below from the recommenders. One recommender should be your University/College academic advisor or a faculty member; one should be from a practicing Pharmacist; and the third from a work supervisor. If you have not had any work experience, the third should come from either a college faculty member or a practicing Pharmacist. Recommenders should not be related to the applicant.

**Philadelphia College of Osteopathic Medicine  
Office of Admissions – Pharmacy  
4170 City Avenue  
Philadelphia, PA 19131-1694**

All documents received by the college in connection with applications for admission become the property of PCOM. Under no circumstance will they be returned to the applicant or forwarded to any agency or other college or university. Application fees are non-refundable. Please submit complete application forms.

**Applicants are responsible for ascertaining, with the Office of Admissions, that all application materials have been received by PCOM. Please contact the Office of Admissions at 215-871-6700 or [pharmdadmissions@pcom.edu](mailto:pharmdadmissions@pcom.edu).**

(see reverse side for admission requirements)

Please send completed application, \$50 non-refundable application fee and required materials to:

PCOM  
Office of Admissions  
4170 City Avenue  
Philadelphia, PA  
19131-1694

# REQUIREMENTS FOR ADMISSION

## DOCTOR OF PHARMACY

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## Program Prerequisites

In order to ensure that program courses be taught at the highest possible level, applicants must have completed, prior to admission, the following courses:

Semester Hour <sup>1</sup>	Course Description
6	General Chemistry
2	General Chemistry Laboratory
6	Organic Chemistry
2	Organic Chemistry Laboratory
6	General Biology (Cellular or Molecular Biology, or Zoology also acceptable)
2	General Biology Laboratory (Cellular or Molecular Biology, or Zoology also acceptable)
3	Physics
1	Physics Laboratory
3	Calculus
6	English (3 hours Composition and 3 hours may come from Literature)
3	Speech
3	Economics
3	Introductory Statistics
3	Social/Behavioral Sciences, from ONE of the following areas: (History, Psychology, Government, Sociology)
3	Humanities, from ANY of the following areas: (Art, Foreign Language, History, Literature, Music, Philosophy, Religion or Theatre)
8	Electives

<sup>1</sup>To convert quarter hours to semester hours multiply quarter hours by 2/3. For example, 3 quarter hours is equivalent to 2 semester hours.

## License Eligibility

The license requirements for pharmacists and pharmacy interns vary by state and it is recommended that applicants inquire with the board of pharmacy in the state where they intend to practice if they have any questions. In general, in order to take the pharmacist licensure examination, boards of pharmacy will require successful completion of the requirements for the Doctor of Pharmacy degree from an accredited institution and complete a certain number of hours as a pharmacy intern. In Georgia, applicants for pharmacist licensure must be at least 18 years of age, have graduated from an approved school of pharmacy and have completed 1,500 hours of internship under the supervision of a registered pharmacist. Schools of pharmacy in Georgia allow students to claim credit for 1,000 hours obtained during experiential rotations and the student is required to obtain 500 additional hours on their own as a licensed pharmacy intern.

An applicant may register with the Georgia Board of Pharmacy as a pharmacy intern if they are registered in an accredited school/college of pharmacy. All students at the PCOM School of Pharmacy – Georgia Campus will be required to obtain their Georgia intern license during the first semester and the school will assist with the application process. Any applicant with a history of substance abuse, have a previous felony conviction or other issue that would be revealed in a criminal background check are advised to consult with the state board of pharmacy in Georgia prior to matriculation in the school (Georgia State Board of Pharmacy phone number = (478) 207-2440). Any changes resulting from criminal or civil actions should also be disclosed to the state board of pharmacy. Students wishing to gain intern experience outside of the state of Georgia are advised to contact the board of pharmacy in that state to determine the requirements for intern/pharmacist licensure. PCOM School of Pharmacy – Georgia Campus has no authority to determine eligibility of licensure for any intern or pharmacist in any state.

# APPLICATION FOR ADMISSION

## DOCTOR OF PHARMACY

### Applicant Data (please type or print clearly)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Do you have educational materials under any other names? If yes, please list.  
 \_\_\_\_\_

Home Address (current): \_\_\_\_\_

CITY STATE ZIP COUNTY COUNTRY

Permanent Address (legal): \_\_\_\_\_

CITY STATE ZIP COUNTY COUNTRY

E-mail address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender:  Female  Male

Ethnicity:  Not Spanish/Hispanic/Latino/Latina  
 Spanish/Hispanic/Latino/Latina

Race:  American Indian or Alaska Native  Black or African American  
 Asian  Native Hawaiian or Other Pacific Islander

Please check all that apply below:

Asian Indian

Chinese

Filipino

Japanese

Korean

Other Asian

Specify if other \_\_\_\_\_

Pakistani

Vietnamese

Please check all that apply below:

Guamanian or Chamorro

Native Hawaiian

Other Pacific Islander

Specify if other \_\_\_\_\_

Samoan

White

Are you a US citizen?  Yes  No

If no, what's your residency status?  Temporary  Permanent

If no, list country of which you are a citizen: \_\_\_\_\_ Visa type: \_\_\_\_\_

Give the name(s) and relationship(s) of all relatives who graduated from PCOM. Please include date(s) of graduation and program completed. \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

## EDUCATIONAL BACKGROUND (List all colleges and universities attended; most recent studies first)

### Graduate

Institution	Location	Dates of Attendance	Degree	Major

Institution	Location	Dates of Attendance	Degree	Major

### Undergraduate

Institution	Location	Dates of Attendance	Degree	Major

Institution	Location	Dates of Attendance	Degree	Major

Institution	Location	Dates of Attendance	Degree	Major

Note: You must request official copies of transcripts from all colleges and universities that you attended be sent directly to PCOM, Office of Admissions, 4170 City Avenue, Philadelphia, PA 19131-1694.

Please send completed application, \$50 non-refundable application fee and required materials to:

PCOM  
Office of Admissions  
4170 City Avenue  
Philadelphia, PA  
19131-1694

**Have you previously applied to PCOM?**  Yes  No If so, what program and when?

Have you ever been placed on probation or dismissed for academic or disciplinary reason by a college or university? If yes, please elaborate below:  YES  NO

Have you ever been convicted, or is there now pending, any criminal prosecution against you that would constitute a misdemeanor or felony? If yes, on a separate page please provide an explanation including a brief description of the incident and/or arrest, the specific charge made, the consequence, and a reflection on the incident and how the incident has impacted your life.  YES  NO

**Please complete the grid below listing any previous experience working in a pharmacy:**

Supervisor	Pharmacy	Address	Hours/Week	Length of Time	Status
				___ month(s) ___ year(s)	<input type="checkbox"/> Technician <input type="checkbox"/> Clerk <input type="checkbox"/> Volunteer
				___ month(s) ___ year(s)	<input type="checkbox"/> Technician <input type="checkbox"/> Clerk <input type="checkbox"/> Volunteer
				___ month(s) ___ year(s)	<input type="checkbox"/> Technician <input type="checkbox"/> Clerk <input type="checkbox"/> Volunteer
				___ month(s) ___ year(s)	<input type="checkbox"/> Technician <input type="checkbox"/> Clerk <input type="checkbox"/> Volunteer

**OCCUPATIONAL INFORMATION** List relevant work experience [e.g., professional, teaching, work study, co-op] beginning with the most recent. Include additional pages as necessary.

Position Title Name and Address Dates Clinical Activities

Position Title Name and Address Dates Clinical Activities

Position Title Name and Address Dates Clinical Activities

**RECOMMENDATIONS** List three people who will be submitting a recommendation letter. We require one from your University/College academic advisor or a faculty member; one from a practicing Pharmacist; and the third from a work supervisor. If you have not had any work experience, the third should come from either a college faculty member or a practicing Pharmacist. Recommenders should not be related to the applicant.

Name and Title

Address City State Zip Telephone

Name and Title

Address City State Zip Telephone

Name and Title

Address City State Zip Telephone

**EXTRACURRICULAR ACTIVITIES** List extracurricular/volunteer/community service activities, indicating positions of leadership.

Organization Dates Position(s) Held Description of Activities

Organization Dates Position(s) Held Description of Activities

Organization Dates Position(s) Held Description of Activities

# PRESENTATIONS, PUBLICATIONS, THESES AND OTHER SCHOLARLY WORK

Authors	Date	Title	Publication, Journal or Book Title
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Authors	Date	Title	Publication, Journal or Book Title
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**COURSE PRE-REQUISITES** Please list courses that fulfill the prerequisites, as listed in the Application Instructions, required for admission to PCOM School of Pharmacy – Georgia Campus. Course codes, names and grades should be the same as listed on your submitted transcripts. Credit hours should be reported in semester hours. To convert quarter hours to semester hours multiply quarter hours by  $\frac{3}{4}$ . For example, 3 quarter hours is equivalent to 2 semester hours. In order for a course to count as a completed pre-requisite, the course must be less than ten years old and grade of C or better must have been received. If the laboratory credit and grade is included with the lecture grade, please write “Included” in the “Grade” column for the Laboratory course. If a course was repeated, list the course with the highest grade and enter Y in the Course Repeated box. For coursework in which you are currently enrolled, or intend to complete prior to admission to PCOM School of Pharmacy – Georgia Campus, list the anticipated date of completion for the “Date Completed.”

Course Code	Course Name	University/College	Grade	Credit Hr	Course Repeated	Date Completed (mm/dd/yyyy)
<b>General Chemistry</b>						
<b>General Chemistry Laboratory</b>						
<b>Organic Chemistry</b>						
<b>Organic Chemistry Laboratory</b>						
<b>General Biology</b>						
<b>General Biology Laboratory</b>						
<b>Physics</b>						
<b>Physics Laboratory</b>						
<b>Calculus</b>						
<b>English Composition or Literature</b>						
<b>Speech</b>						
<b>Economics</b>						
<b>Introductory Statistics</b>						
<b>Social/Behavioral Sciences</b>						
<b>Humanities</b>						
<b>Electives</b>						

## Autobiographical Statement

All applicants must complete an autobiographical statement, no more than two typed double-spaced pages in length, 12 pt. font size, headed by full name and Social Security Number. Your autobiographical statement must discuss your motivation to obtain the degree for which you are applying. Please include information regarding personal and career goals, dedication to human concerns, ability to interact effectively and why you are interested in PCOM School of Pharmacy – Georgia Campus.

## Policy of Fairness and Equal Opportunity

Philadelphia College of Osteopathic Medicine and its branch campus subscribe to the principles and laws of the Commonwealth of Pennsylvania and the federal government pertaining to civil rights and equal opportunity, including Title IX of the 1972 Education Amendments and section 504 of the Rehabilitation Act of 1973.

PCOM policy prohibits discrimination on the basis of age, race, color, national or ethnic origin, sex, sexual preference, religion, disability or marital status. This policy applies in recruitment and admission of students, employment of faculty and staff and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities and services of the College.

Evidence of practices inconsistent with this policy should be reported to the Director of Human Resources, who is the designated coordinator of PCOM's nondiscrimination program. Inquiries regarding compliance with the sex discrimination provisions of Title IX may also be directed to the Assistant Secretary for Civil Rights, Department of Education, Washington, DC. At the state level, one can contact the State Human Relations Commission, Harrisburg, Pennsylvania.

## ALL APPLICANTS PLEASE READ AND SIGN

I hereby authorize PCOM and its representatives to consult with employers/managers/supervisors and academic institutions with which I have been associated who may have information bearing on my professional performance. I hereby release from any liability any and all individuals and organizations listed above who provide information to PCOM in good faith concerning my professional performance, educational credentials, ethics, character and other qualifications and I hereby consent to the release of such information.

All credentials in support of this application become property of PCOM and cannot be returned. I certify that all statements in this application are complete and true. False and/or omitted relevant information on this or any other application will result in immediate rejection of the applicant from the college if the applicant has been admitted.

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Signature

Date

Please send completed application, required materials and non-refundable fee of \$50.00 to:

### Philadelphia College of Osteopathic Medicine

Office of Admissions – Pharmacy

4170 City Avenue

Philadelphia, PA 19131-1694

215-871-6700800-999-6998

[www.pcom.edu](http://www.pcom.edu) • [pharmdadmissions@pcom.edu](mailto:pharmdadmissions@pcom.edu)