

Doctor of Pharmacy Program



Supplication Application Signature/Confirmation Form

Name: _____

Student Identification: _____
(Social Security Number)

(PharmCAS Identification Number)

Yes No I hereby acknowledge that completion of my social security number, gender and date of birth is voluntary, and is requested by the institution solely for administrative convenience and record keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

Yes No I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed.

Yes No I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been in attendance at this institution.

HEPATITIS B IMMUNIZATION ACKNOWLEDGEMENT

I will begin the Hepatitis B Series before January 15, 2009 and complete before July 15, 2009. I understand that failure to meet the August 1 deadline will constitute cancellation of admission to the UNC Eshelman School of Pharmacy.

OR

I have completed the Hepatitis B series or can demonstrate antibodies to Hepatitis B. Completed date: (Enter using MM/DD/YY format – Example: 02/08/2003)

Completion Date

TECHNICAL STANDARDS AGREEMENT

Yes No I have reviewed the description of the non-academic requirements of the UNC Eshelman School of Pharmacy in the areas of attitudinal, behavioral, interpersonal, and emotional attributes; stamina; intellectual skills; communications skills; visual, auditory, and tactile, and motor competencies. To the best of my knowledge at the present time, I believe that I can meet these Technical Standards.

HEALTH INSURANCE

I am presently covered by a Health Insurance plan and will maintain coverage throughout the time of my enrollment in the School of Pharmacy.

OR

I will purchase Health Insurance coverage before enrollment in the UNC Eshelman School of Pharmacy (August 15, 2009).

TRANSPORTATION

I will have transportation during all my clerkship months.

CODE OF STUDENT CONDUCT

Yes No I agree to uphold the Code of Student Conduct.

Signature

Date

Thank you for considering the UNC Eshelman School of Pharmacy of The University of North Carolina at Chapel Hill. Please allow five weeks for your application to be processed. You will be notified when your file is complete.