



Pharm.D. Early Assurance Program

Community Service Verification Form

APPLICANT INSTRUCTIONS:

Please fully complete the information in this section and then give this form to your supervisor. You must submit verification of at least 10 hours of community service no later than April 15th of your admission year. You may submit as many forms as necessary and earlier than the deadline if you wish.

Applicant First Name:	MI:	Last Name:

SUPERVISOR INSTRUCTIONS:

Please complete the information and rubric below to the best of your ability.

Supervisor's Name	
Position/Title	
Name of Organization	
Email Address	
Phone	
Address	
What is the nature of the activity?	☐ One-time event-The applicant assisted with a single activity/event. ☐ Multiple events-The applicant assisted with more than one activity/events. ☐ Ongoing service-The applicant volunteers on a regular basis.
In what capacity did the applicant perform?	

Date Service Began:	
Date Service Ended:	
Total # of Hours Completed	

Please note this does not serve as a reference. This is a verification of an applicant's time spent in your facility or with your organization. Thank you for your time in completing this form.

Supervisor's Signature:	Date:
--------------------------------	--------------

Please return to the OUCOP Office of Student Affairs.

Email the form to: oupharmd@ouhsc.edu with the subject line "OUCOP PEAP" and the student's name.