



Pharm.D. Early Assurance Program

Pharmacy Experience 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 pharmacy experience no later than April 15th of your admission year. You may submit as many forms as necessary, and you may submit them earlier than the deadline.

Applicant First Name:	MI:	Last Name:
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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	
How many hours has the applicant spent in your facility?	
In what capacity did the applicant perform?	☐ Observation-No tasks or duties were performed. ☐ Volunteer-Tasks or duties were performed with no pay. ☐ Employment-Tasks or duties were performed for pay.
Date Experience Began:	
Date Experience Ended:	

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

Supervisor's Signature:	Date:
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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.

Scans or photos are acceptable.