



## Pharm.D. Early Assurance Program Application Checklist

- |   |                       |                        |
|---|-----------------------|------------------------|
| <input type="checkbox"/> PEAP Application       | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Math/Science Reference | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Professional Reference | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Application Essay      | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Transcript(s)          | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> ACT/SAT Scores         | Date Submitted: _____ | Date OUCOP Rec'd _____ |

## After Admission Checklist

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Pre-Pharmacy Curriculum                        | Date Completed: _____ |
| <input type="checkbox"/> 10 Hours of Pharmacy Experience Verification   | Date Submitted: _____ |
| <input type="checkbox"/> Pharmacy Experience Reflection Sheet           | Date Submitted: _____ |
| <input type="checkbox"/> 10 Hours of Community Service Verification     | Date Submitted: _____ |
| <input type="checkbox"/> 1 <sup>st</sup> Leadership Development Seminar | Date Attended: _____  |
| <input type="checkbox"/> 2 <sup>nd</sup> Leadership Development Seminar | Date Attended: _____  |
| <input type="checkbox"/> PharmCAS Application                           | Date Submitted: _____ |
| <input type="checkbox"/> Supplemental Application                       | Date Submitted: _____ |