



# Pharm.D. Early Assurance Program

## Pharmacy Experience Reflection Cover Sheet

### APPLICANT INSTRUCTIONS:

Please fully complete the information in this form and attach it to your reflection on your pharmacy experience you've gained up to this point. This reflection should be at least 2 pages, double-spaced in either Arial, Calibri, or Times New Roman, 12-point font. It is due no later than **April 15th of your PharmD admission year**. You may submit the reflection earlier than the deadline if you wish.

<b>Applicant First Name:</b>	<b>MI:</b>	<b>Last Name:</b>

### REFLECTIVE WRITING GUIDANCE:

#### What is reflective writing?

#### Reflective writing is:

- Your response to experiences, opinions, events, or new information
- Your response to thoughts and feelings
- A way of thinking to explore your learning
- An opportunity to gain self-knowledge and self-awareness
- A way to achieve clarity and better understanding of what you are learning
- A chance to develop and reinforce writing skills
- A way of making meaning out of what you learn

#### Reflective writing is NOT:

- Just conveying information, instruction, or argument
- Pure description, though there may be descriptive elements
- Straightforward decision or judgment (e.g. about whether something is right or wrong, good or bad)
- Simple problem-solving
- A standard essay

#### Steps of Reflection:

1. Content: What have I learned?
2. Process: How did I learn it?
3. Reasons: Why did I learn it?
4. Academic & Professional Development: How does this experience contribute to my academic and professional development?
5. Personal development: What does this experience mean to me personally?

Credit: <http://psolarz.weebly.com>

**Your signature below verifies your pharmacy experience reflection is your own original work and if any additional information is used, you cited it properly.**

<b>Applicant's Signature:</b>	<b>Date:</b>
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**Please return to the OUCOP Office of Student Affairs.**

**Email the form to: [oupharmd@ouhsc.edu](mailto:oupharmd@ouhsc.edu) with the subject line "OUCOP PEAP" and your name.**

**OR**

**Mail the form to:**

**University of Oklahoma College of Pharmacy  
Office of Student Affairs  
Attn: OUCOP PEAP  
1110 N Stonewall Avenue  
Oklahoma City, OK 73117**