



# 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 15<sup>th</sup> of your admission year. You may submit as many forms as necessary, and you may submit them earlier than the deadline.

<b>Applicant First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
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### SUPERVISOR INSTRUCTIONS:

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

<b>Supervisor's Name</b>	
<b>Position/Title</b>	
<b>Name of Organization</b>	
<b>Email Address</b>	
<b>Phone</b>	
<b>Address</b>	
<b>How many hours has the applicant spent in your facility?</b>	
<b>In what capacity did the applicant perform?</b>	<input type="checkbox"/> Observation-No tasks or duties were performed. <input type="checkbox"/> Volunteer-Tasks or duties were performed with no pay. <input type="checkbox"/> Employment-Tasks or duties were performed for pay.
<b>Date Experience Began:</b>	
<b>Date Experience Ended:</b>	

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](mailto:oupharmd@ouhsc.edu) with the subject line "OUCOP PEAP" and the student's 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