Pharm.D. Early Assurance Program
Application Checklist

☐ PEAP Application   Date Submitted: _____   Date OUCOP Rec'd_____

☐ Math/Science Reference   Date Submitted: _____   Date OUCOP Rec'd_____

☐ Professional Reference   Date Submitted: _____   Date OUCOP Rec'd_____

☐ Transcript(s)   Date Submitted: _____   Date OUCOP Rec'd_____

☐ ACT/SAT Scores   Date Submitted: _____   Date OUCOP Rec'd_____

After Admission Checklist

☐ Pre-Pharmacy Curriculum   Date Completed: _____

☐ 10 Hours of Pharmacy Experience Verification   Date Submitted: _____

☐ 10 Hours of Community Service Verification   Date Submitted: _____

☐ Pharmacy Experience Reflection Sheet   Date Submitted: _____

☐ 1st Leadership Development Seminar   Date Attended: _____

☐ 2nd Leadership Development Seminar   Date Attended: _____

☐ PharmCAS Application   Date Submitted: _____

☐ Supplemental Application   Date Submitted: _____