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__________
☐ Application Essay Date Submitted: ____________ Date OUCOP Rec’d__________
☐ Transcript(s) Date Submitted: ____________ Date OUCOP Rec’d__________
☐ ACT/SAT Scores (HS only) Date Submitted: ____________ Date OUCOP Rec’d__________
☐ Good Conduct (HS only) Date Submitted: ____________ Date OUCOP Rec’d__________
☐ College Accept Letter Date Submitted: ____________ Date OUCOP Rec’d__________

After Admission Checklist

☐ Pre-Pharmacy Curriculum Date Completed: ____________
☐ 1st 10 Hours of Pharmacy Experience Verification Date Submitted: ____________
☐ 2nd 10 Hours of Pharmacy Experience Verification Date Submitted: ____________
☐ Pharmacy Experience Reflection Sheet Date Submitted: ____________
☐ 1st 10 Hours of Community Service Verification Date Submitted: ____________
☐ 2nd 10 Hours of Community Service Verification Date Submitted: ____________
☐ 1st Leadership Development Seminar Date Attended: ____________
☐ 2nd Leadership Development Seminar Date Attended: ____________
☐ PCAT Date Taken: ____________
☐ PharmCAS Application Date Submitted: ____________
☐ Supplemental Application Date Submitted: ____________