



## 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 (HS only) | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> Good Conduct (HS only)   | Date Submitted: _____ | Date OUCOP Rec'd _____ |
| <input type="checkbox"/> College Accept Letter    | Date Submitted: _____ | Date OUCOP Rec'd _____ |

## After Admission Checklist

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