

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 admission year**. You may submit the reflection earlier than the deadline if you wish.

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| --- | --- | --- |
| **Applicant First Name:** | **MI:** | **Last Name:** |

**Are you applying for:**

High School PEAP

**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.**

|  |  |
| --- | --- |
| **Applicant’s Signature:** | **Date:** |

**Please return to the OUCOP Office of Student Affairs.**

**Email the form to:** [**jennifer-richardson@ouhsc.edu**](mailto:jennifer-richardson@ouhsc.edu) **with the subject line “OUCOP PEAP”.**

**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**