



# 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 by Labor Day Monday of your application year. Your final 10 hours of verified pharmacy experience must be submitted no later than April 15<sup>th</sup> of your admission year. If you have completed all 20 by Labor Day Monday, then you may submit verification for all 20 hours at that time. You may submit as many forms as necessary.

<b>Applicant First Name:</b>	<b>MI:</b>	<b>Last Name:</b>

### Are you applying for:

- High School PEAP
- Non-Science US Bachelor's Degree PEAP

### 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>	
<b>Total # of Hours Completed</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.

<b>Supervisor's Signature:</b>	<b>Date:</b>
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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