



Doctor of Pharmacy (Pharm. D.) Supplemental Application

Deadline for submission of documentation and fees is February 2, 2015.

Marshall University School of Pharmacy

Director of Student Affairs

One John Marshall Drive

Huntington, WV 25755-2950

Marshall University School of Pharmacy Supplemental Application Form

<http://www.marshall.edu/pharmacy/application>

\$100.00 Non-refundable supplemental Application Fee (make check payable to MUSOP)

Accreditation Disclosure Statement

We are pleased to announce that Marshall University's Doctor of Pharmacy program has been granted Candidate status by the Accreditation Council for Pharmacy Education,

The Accreditation Council for Pharmacy Education (ACPE) accredits Doctor of Pharmacy programs offered by Colleges and Schools of Pharmacy in the United States and selected non-US sites. For a Doctor of Pharmacy program offered by a new College or School of Pharmacy, ACPE accreditation involves three steps: Precandidate accreditation status, Candidate accreditation status, and Full accreditation status. Precandidate accreditation status denotes a developmental program that is expected to mature in accord with stated plans and within a defined time period. Precandidate accreditation status is awarded to a new program of a College or School of Pharmacy that has not yet enrolled students in the professional program and authorizes the college or school to admit its first class. Candidate accreditation status is awarded to a Doctor of Pharmacy program that is currently recognized by ACPE with Precandidate status and has students enrolled but has not yet had a graduating class. Full accreditation status is awarded to a program that has met all ACPE standards for accreditation and has graduated its first class. Graduates of a class designated as having Candidate accreditation status have the same rights and privileges of those graduates from a fully accredited program, generally including eligibility for licensure. ACPE conveys its decisions to the various boards of pharmacy and makes recommendations in accord with its decisions. It should be noted, however, that decisions concerning eligibility for licensure by examination or reciprocity reside with the respective state boards of pharmacy in accordance with their state statutes and administrative rules.

Should the School enroll and begin instruction of its inaugural class without first achieving Precandidate accreditation status, fail to achieve Candidate accreditation status, or fail to advance to Full accreditation status within five years following the submission of the initial application, any graduates would be considered to have graduated from an unaccredited Doctor of Pharmacy program. It is unlikely that graduates of an unaccredited Doctor of Pharmacy program will meet licensing requirements in any U.S. jurisdiction.

For more information on the ACPE accreditation process, please contact the Accreditation Council for Pharmacy Education, 135 South LaSalle Street, Suite 4100, Chicago, IL 60603, 312/644-3575; FAX 312/664-4652, web site www.acpe-accredit.org.



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Marshall University School of Pharmacy Policy Statements

Equal Opportunity Policy Statement

It is the policy of Marshall University to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, color, sex, religion, age, handicap, national origin, or sexual orientation. This non-discrimination policy also applies to all programs and activities covered under Title IX, which prohibits sex discrimination in higher education. Marshall University strives to provide educational opportunities for minorities and women in the undergraduate student body which reflect the interest, individual merit and availability of such individuals. The university ensures equality of opportunity and treatment in all areas related to student admissions, instruction, employment, placement accommodations, financial assistance programs, and other services.

Marshall University also neither affiliates with nor grants recognition to any individual, group, or organization having policies that discriminate on the basis of race, sex, religion, age, sexual orientation, handicap, or national origin. Information on the implementation of the policy and/or the Title IX Amendment should be addressed to: Office of Equity Programs/Old Main/ Marshall University/ Huntington, West Virginia 25755.

Annual Security and Fire Safety Report

Marshall University is committed to assisting all members of the University community in providing for their own safety and security. The Annual Security and Fire Safety report is available at www.marshall.edu/disclosures/securityreport. A printed copy of the report is available by calling the Marshall University Police Department at 304-696-4357.

The report contains information regarding campus security and personal safety including topics such as: crime prevention, university police law enforcement authority, crime reporting policies, fire safety polices, disciplinary procedures and other matters of importance related to security on campus. The report also contains information about fire statistics in MU Residence Halls and crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by MU; and on public property within, or immediately adjacent to and accessible from the campus. This information is required by law and is provided by Marshall University.

Consumer Information and Disclosures

In order to help consumers make well-informed decisions about postsecondary education, federal regulations require higher education institutions to disclose certain information.

To assist in locating this information, Marshall University has created a Consumer Information and Disclosures launching point at <http://www.marshall.edu/disclosures/>. Among others, the following specific reports are available from the Marshall University Consumer Information and Disclosures web site: student financial aid information, drug and alcohol abuse prevention program information, retention rates, and graduation rates. Prospective students may request printed copies of any report at no charge by calling the Office of University Communications at 304-696-7153.



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Supplemental Application for Admission in Fall of 2015

Early Decision Deadline – September 2, 2014
 Final Deadline – February 2, 2015

Applicant Information

Full Name				Date	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
<i>City</i>			<i>State</i>	<i>ZIP Code</i>	
<i>County</i>			<i>Country (if not U.S.)</i>		
Phone	()	E-mail Address			
Date of Birth		Social Security No.			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	PharmCAS ID			
Other Names under which credentials may arrive					
Emergency Contact				()	
<i>Name</i>			<i>Telephone</i>		
<i>Street</i>		<i>City</i>		<i>State</i>	<i>Zip</i>
Citizenship					
Birthplace					
<i>City</i>		<i>State</i>		<i>Country (if not U.S.)</i>	
Citizenship	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent US Resident	<input type="checkbox"/> Other* _____		
<i>*Please contact the Office of Student Affairs at (304) 696-7352 for assistance.</i>					
Did you earn a degree from an institution where English was not the primary language of instruction?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If you marked yes above or you are not a U.S. citizen or permanent resident, please provide your TOEFL scores and the date taken:			Overall: _____	Listening _____	
			Speaking: _____	Writing _____	
Date Taken: _____			Reading: _____		



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Admissions Criteria				
Date taken or will take PCAT		Highest composite percentile earned on PCAT exam		
Are you currently enrolled in a Graduate program at Marshall University?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate which program				
Do you plan to remain in this program in addition to the MUSOP?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information				
Residency				
Fee Classification Applying for:	<input type="checkbox"/> West Virginia Resident		<input type="checkbox"/> Nonresident (<i>out-of-state</i>)	
Residency Information Questionnaire <i>Documentation may be required, and if so, is due by the end of the first week of classes of the term of application.</i>				
This section <u>must be completed</u> by all applicants claiming West Virginia residency.				
Enter the dates during which you have maintained a domicile and continuous residence in West Virginia.				
From: ____/____/____		To: ____/____/____		
Have you filed a West Virginia Income Tax return during the past 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, did you claim West Virginia residency on the tax return?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own residential property in West Virginia?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you paid West Virginia real of personal property taxes during the past 12 months?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you file a West Virginia Income Tax return for the current year?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If married, is your spouse a resident of West Virginia?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently a registered voter in West Virginia?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a motor vehicle registered in your name?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is that vehicle licensed in West Virginia?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License number:		State	Issue Date	



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Additional Information (Cont'd)

The information requested below is utilized to meet Federal and State requirements. Your optional but important responses will not be used in the admission process.

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself Hispanic/Latino? *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

Yes

No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native** – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia or Indian Subcontinent origin; including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – a person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Personal Interest Questions

What steps have you taken to explore the career of pharmacy and to ensure that it is the best profession for you?



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Personal Interest Questions (Cont'd)

Tell us about a school activity, volunteer work, or a work-related project in which you demonstrated evidence of activism, leadership, and initiative. Include information about the degree of your involvement and the outcome of the project.

If you are not a West Virginia resident, please tell us what motivated you to apply to the Marshall University School of Pharmacy?



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Personal Interest Questions (*Cont'd*)

Please share with us any additional information that you would like the Admissions Committee to consider in reviewing your application for admission.



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Criminal Background Check and Drug Screen

Criminal background checks and drug screens are requirements for admission and must be completed with satisfactory results prior to enrollment in the Marshall University School of Pharmacy. Those applicants tentatively accepted for admission must therefore consent to and undergo a criminal background check and drug screen as a condition of enrollment. Existence of a conviction does not automatically disqualify an applicant from admission. However, withholding information about criminal offenses and/or unsatisfactory results from a background check or drug screen may result in denial of admission. The PharmCAS Applicant Code of Conduct requires applicants to “reveal information about previous legal offenses pertinent to admission into a professional program.” In addition, the Code states, “Any applicant found to have violated the principles of conduct risks losing the privilege of applying to or entering the pharmacy profession.”

Background Questions

Are you currently under investigation for or have any pending adjudications against you for any law violations? If Yes, please explain. Yes
 No

Have you ever pleaded guilty, no contest, or been convicted of a crime other than a minor traffic violation? If yes, please explain. Yes
 No

Have you ever worked in a pharmacy? If so, please tell us where and when. Yes
 No

Have you passed the National Technician Board Certification Exam? Yes
 No

Do you currently hold, or have you ever held, a Professional License or Registration? If Yes, please list all such Professional Licenses and Registrations indicating the state, license type and number and current status of license. Yes
 No



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Criminal Background Check and Drug Screen *(cont'd)*

<p>Have you ever held or applied for a Professional License or Registration under any name other than the name listed in your application? If Yes, please provide all such names and all Professional Licenses or Registrations held or applied for under such names, indicating the state, license type and number and current status of license.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had a request or an application for a Professional License or Registration, including a request to renew or continue a Professional License or Registration, denied, rejected or otherwise not granted? If Yes, please provide detailed information for each such request/application including the jurisdiction (i.e., state or federal agency); license/registration type; year; and reason for denial, rejection or not granting.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had any Professional License or Registration reprimanded, limited, conditioned, revoked, suspended, restricted, terminated, or otherwise subject to disciplinary or corrective action (public or private) by any state or federal authority including, without limitation, a board of pharmacy, a board of opticianry, a board of optometry or the U.S. Drug Enforcement Administration? If Yes, please provide detailed information for each license/registration involved including the jurisdiction (i.e., state or federal agency), license/registration type and number, year discipline occurred and reason.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of a felony relating in any way to controlled substances? If Yes, please provide detailed information for each conviction, including the jurisdiction, the date of the conviction, the crime for which you were convicted, and the details of the crime.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>



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Disclaimer

I certify that I am the person named on this application and that the information entered on this form is true and correct. I have read and agree to all applicable policies and information pertaining to my admission and enrollment at Marshall University (see: <http://www.marshall.edu/catalog/Graduate/index.html> for most recent version of MU Graduate Academic Catalog) I understand that this application and all academic credentials should be on file in the School of Pharmacy Admissions Office by the application deadline, and that I must be formally admitted to the University before I will be permitted to register, be considered for financial aid, or for a graduate assistantship. I authorize the Marshall University School of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me. **I understand that any applicant found to have violated the PharmCAS Applicant Code of Conduct risks losing the privilege of applying to or entering the pharmacy profession. I understand that if any criminal or legal charges occur after I submit this application, I am required to notify the Director of Student Affairs within 10 days. I understand that withholding or failing to provide accurate and complete information may result in administrative withdrawal, disciplinary action, or prosecution by the University, and that I may be held responsible for payment of all fees. In consideration of my admission and enrollment, I, the undersigned, do hereby agree to assume and pay any and all costs and charges including interest and collection fees for delinquent accounts. I understand that all materials submitted in support of an application for admission become the property of Marshall University School of Pharmacy. Materials will not be returned or released to the student or to third parties. I acknowledge and agree to these terms and conditions.**

Applicant Signature _____ Date _____

Please send your completed application by mail, fax, or email to:

Marshall University
School of Pharmacy
Student Affairs
One John Marshall Drive
Huntington, WV 25755-2950

(304) 696-7352 office
(304) 696-7309 fax
pharmacy@marshall.edu

For additional information, please see our website at
www.marshall.edu/pharmacy