



**University of the Incarnate Word
Feik School of Pharmacy
Professional Admission Supplemental Application**

Application deadline: Postmarked by December 1, 2009. Failure to accurately, completely, and truthfully execute this application and all accompanying information will result in the cancellation of admission and/or expulsion from the Feik School of Pharmacy. Please type or print in black or blue ink.

Section I: Demographic Information

Social Security Number: _____ -- _____ -- _____ PharmCAS Number: _____

Name: _____
(Last) (First) MI (Maiden)

Former name(s), if name on academic records differs from above: _____

Present Address: _____

City, State, Zip Code: _____

Permanent Address: _____

City, State, Zip Code: _____

Which address would you prefer us to use for correspondence? Present Permanent

Date of Birth (mm/dd/yyyy): _____ Cell Phone: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____ Fax Number: _____

Best way to reach you: Daytime Phone Evening Phone Cell Phone E-mail

The University of the Incarnate Word subscribes to affirmative action to ensure admission without regard to race, color, religion, gender, age, national origin, or disability. In order for the University to respond to required state and federal questionnaires, we ask you to assist us by answering the following questions:

Sex: Male Female Religious affiliation: _____

Are you a first-generation college student? Yes No Place of Birth: _____
(First-generation student is a student who parents have not attended or graduated from college.)

Ethnicity: Hispanic or Latino Non-Hispanic
(Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

Race: (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

US Citizen? Yes No If yes, what state are you a legal resident? _____

Resident Alien? Yes No If yes, supply Resident Alien #: _____
(If yes, please submit a copy of Permanent Resident Card)

Section II: General Information

Special Achievements – Please list any honors, awards, or scholarships that you have received. Use additional sheets as necessary with your name, PharmCAS number, and question clearly identified.

Have you ever attended any pharmacy school as a candidate for BS in pharmacy or PharmD? Yes No

Have you ever attended any other health professional school? Yes No

Were you ever required to leave any college or denied readmission because of conduct or academic deficiencies? Yes No

If you have answered yes to any of the above questions, please explain your situation in full detail. Use additional sheets as necessary with your name, PharmCAS, and question clearly identified.

Extracurricular Activities – Describe extracurricular and community activities in which you have participated or are actively involved. Indicate the extent of your involvement. Limit to the last five years. Use additional sheets as necessary with your name, PharmCAS number, and question clearly identified.

Have you ever been convicted of, or have pending, a misdemeanor or felony charge including driving under the influence of alcohol or driving while intoxicated (DUI/DWI offenses)? Yes No

Have you ever been convicted of an illicit substance offense, or been subject to deferred adjudication for the offense? Yes No

Have you ever been subject to court order probation or confinement? Yes No

Has any licensing or regulatory board or government authority ever imposed conditions upon or otherwise restricted your ability to conduct business, to practice a profession, or to carry out any given responsibility or privilege? Yes No

If you have answered “yes” to any of the above questions, state the details of such conviction or action on a separate sheet of paper with your name, PharmCAS number, and question clearly identified.

Please list the name and relationship of any relatives in the pharmacy profession. Please include present position, college/school and date of graduation.

Please list the name and relationship of any relatives who are University of the Incarnate Word alumni or current students. Please include present position and date of graduation.

How did you hear about University of the Incarnate Word Feik School of Pharmacy?

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Alumna/Alumnus | <input type="checkbox"/> School Counselor | <input type="checkbox"/> Radio/Television | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Current Student | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Recruitment fair | <input type="checkbox"/> Literature |
| <input type="checkbox"/> PharmCAS website | <input type="checkbox"/> Other: _____ | | |

How do you plan to finance your education?

III. Accreditation Disclosure Statement

The University of the Incarnate Word is regionally accredited by the Southern Association of Colleges and Schools. The Feik School of Pharmacy is in the accreditation process with the Accreditation Council for Pharmacy Education and has membership in the American Association of Colleges of Pharmacy. Accreditation Council for Pharmacy Education requires that all Colleges and Schools of Pharmacy provide the following Accreditation Disclosure Statement. Please sign and return this copy as part of your completed application.

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 generally involves three steps: Precandidate status, Candidate status, and Full accreditation. Precandidate accreditation status denotes a developmental program, which is expected to mature in accord with stated plans and within a defined time period. Precandidate 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 has students enrolled, but has not yet had a graduating class. Full accreditation 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 status have the same rights and privileges of those graduates from a fully accredited program. 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.

The Doctor of Pharmacy program of the University of the Incarnate Word, Feik School of Pharmacy, was awarded **candidate accreditation status** during the June 20-23, 2007 meeting of the ACPE Board of Directors. Based upon an on-site evaluation that occurred February 2009, candidate status was continued at the June 2009 meeting. An on-site evaluation will be scheduled during academic year 2009-2010 for purposes of gathering additional information to be considered in the Board's consideration of full accreditation status. Full accreditation of the Doctor of Pharmacy program would be considered by the Board following the graduation of students from the program.

Applicant's Signature

Print Name

Date

IV. Application Affirmation

This application must be signed and dated by the applicant and received by the Office of Student Affairs before action can be taken on this application. Please read the following statement and affirm by signing below.

I understand that withholding information, including attendance at any other educational institution, or giving false or misleading information will make me ineligible for admission to the School or subject to dismissal without refund of any monies that I have paid.

I consent to and authorize the release of all criminal records, if any exist, in the possession of federal, state, local, or military authorities for as long as my application is pending or my enrollment is in effect.

I certify that I am seeking to enroll at University of the Incarnate Word Feik School of Pharmacy and that the information which I have given on these pages is complete and true to the best of my knowledge.

I agree that if accepted for admission, I shall comply with all rules and regulations of the University and School which may be in effect or which shall be put into effect while I am a student.

Applicant's Signature

Print Name

Date

Remit supplemental application with \$50 fee. Fee may be in check, money order, or credit card. If credit card, please complete form on the next page.

**Send all supplemental application information to:
University of the Incarnate Word
Feik School of Pharmacy
Attn: Office of Student Affairs
4301 Broadway CPO #99
San Antonio, TX 78209**

CREDIT CARD INFORMATION

Type of Credit Card: Visa/MC DS AMEX

CC# _____ - _____ - _____ - _____

EXP Date: _____ V-Code# _____

Amount to be Charged: \$50

Name on the Card: _____

Phone # _____

Billing Address: _____

City, State, Zip Code: _____

Signature of Card Holder; _____