

PHARMACY EXPERIENCE FORM (To be completed by applicant)

Applicant's name: _____

Date of completion: _____

Please read ALL instructions before completing this form:

1. Please disclose ALL pharmacy-related experience below.
2. Submit this form with your application packet to Texas Southern University, College of Pharmacy and Health Sciences, 3100 Cleburne Street, (**Gray Hall, Room 134**) Houston, TX 77004
3. Each experience **MUST** be supported with documents. (e.g. a letter from the pharmacy stating date, duration, and your job description, a letter or certificate indicating hours of volunteering activities or professional club activities, membership card, technician certification).
4. **Unsupported experience will not be considered.**
5. Use additional sheet if necessary.

I. PHARMACY WORK EXPERIENCE					
	Pharmacy	Date (MM/DD/YY- MM/DD/YY)	Duration	Job Title (Check one)	Supervisor
1.	Pharmacy Name: Address:		____ year ____ months	<input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Cashier <input type="checkbox"/> Others: _____	Name: Phone number:
2.	Pharmacy Name: Address:		____ year ____ months	<input type="checkbox"/> Pharmacy Technician <input type="checkbox"/> Cashier <input type="checkbox"/> Others: _____	Name: Phone number:

II. Are you a certified pharmacy technician (check one)? Yes No

III. PHARMACY VOLUNTEER EXPERIENCE					
	Pharmacy	Date (MM/DD/YY- MM/DD/YY)	Total hours contributed	Activities	Supervisor
1.	Pharmacy Name: Address:		____ hours		Name: Phone number:
2.	Pharmacy Name: Address:		____ hours		Name: Phone number:

IV. PROFESSIONAL ORGANIZATION INVOLVEMENT

	Professional Club	Date (MM/DD/YY- MM/DD/YY)	Total hours contributed	Role (select all that apply)	Documented participation in professional club activities
1.			_____ hours	<input type="checkbox"/> Officer <input type="checkbox"/> Member	1. 2. 3.
2.			_____ hours	<input type="checkbox"/> Officer <input type="checkbox"/> Member	1. 2. 3.

I, _____, attest that the information provided above is true and accurate. If it was found that this information list above is false, I may risk disqualification from admission to the pharmacy program at TSU. If it was found after admission to the program that the information listed is false, I will be dismissed from the professional program.

Print Name: _____ Signature: _____