

# APPLICATION FOR ADMISSION

Please complete all the information below and return this form with a nonrefundable \$55 application fee. Re-admit and re-application students do not need to submit an application fee if previously paid. Incomplete applications will be returned to the applicant for completion and may delay an admission decision and notification.

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## Personal Information

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE PREFERRED

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

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## Contact Information

**MAILING ADDRESS:** \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY COUNTY STATE ZIP

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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## Admission Plan

**ENROLLMENT:**     **EARLY DECISION**     **REGULAR DECISION**     **EARLY ACTION**  
(DEC. 15 DEADLINE)    (MARCH 1 DEADLINE)    (NOV. 1 DEADLINE)

**ENTRY TERM:**     **YEAR 20** \_\_\_\_\_

**HOUSING:**     **ON CAMPUS**     **OFF CAMPUS**     **WITH PARENT(S)**

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## Pharmacy Experience

**HAVE YOU HAD ANY EXPERIENCE IN PHARMACIES?**     **NO**     **YES**

**HOW LONG?** \_\_\_\_\_

**NAME OF PHARMACY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PHARMACIST'S NAME:** \_\_\_\_\_

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## Statistical Information

Information in this section is requested for reports the College provides to federal and other agencies, which collect data to ensure equal opportunity. You are not required to answer these questions; however, your cooperation is appreciated. THIS INFORMATION IN NO WAY INFLUENCES DECISIONS ON ADMITTANCE.

GENDER:  Male  Female

BIRTH DATE: \_\_\_\_\_  
MM/DD/YY

ETHNIC ORIGIN:

NONRESIDENTIAL ALIEN

BLACK OR AFRICAN AMERICAN

RACE AND ETHNICITY UNKNOWN

NATIVE HAWAIIAN OR

HISPANICS OF ANY RACE

OTHER PACIFIC ISLANDER

AMERICAN INDIAN OR ALASKAN NATIVE

WHITE

ASIAN

TWO OR MORE RACES

COUNTRY OF BIRTH: \_\_\_\_\_

COUNTRY NAME

PRIMARY LANGUAGE:  ENGLISH  OTHER: \_\_\_\_\_

## Legal Information

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  NO  YES

IF YES, DATE AND EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Family Alumni

List any members of your family who have attended St. Louis College of Pharmacy. Provide full name(s), class year(s), and relationship(s) to you.

\_\_\_\_\_

## Family Contact

FATHER'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET

CITY COUNTY STATE ZIP

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS (if different): \_\_\_\_\_  
STREET

CITY COUNTY STATE ZIP

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_



# APPLICATION FOR ADMISSION

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## Sign and Return

I give permission to release information regarding my academic and financial aid record (*i.e.*, grades, GPA, grade level, attendance, scholarships, account balance) to my parent(s), stepparent(s), spouse, or guardian(s). Failure to answer will be considered a “no” response and information will not be released upon request.

Yes     No

NOTE: All information released will require a written, signed request from the student for signature verification. Please refer to the section of this booklet titled “Family Education Rights & Privacy Act” (FERPA) or the Academic Catalog ([stlcop.edu/catalog](http://stlcop.edu/catalog)) for specific details on the rights of students, parents, and spouses. FERPA is a federal law designed to protect the privacy of students’ educational records.

St. Louis College of Pharmacy admits students regardless of race, color, national or ethnic origin, disability, age, or sex, nor does it discriminate to these or any individual in any of its educational programs, activities, or employment policies as required by Section 504 of the Rehabilitation Act and by Title IX of the 1972 Education Amendments. Inquiries regarding compliance with Title IX or Section 504 may be directed to Human Resources or to the director of the Office for Civil Rights, Department of Education, Washington, D.C.

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APPLICANT’S NAME (PRINT)

APPLICANT’S SIGNATURE

DATE

Please return this application with a nonrefundable application fee of \$55. Re-admit and re-application students do not need to submit an application fee if previously paid. (Make checks and money orders payable to St. Louis College of Pharmacy.)

Office of Admissions  
Enrollment Services  
St. Louis College of Pharmacy  
4588 Parkview Place  
St. Louis, MO 63110-1088

It is recommended that you retain a copy of this application and refer to this guide or to the Academic Catalog ([stlcop.edu/catalog](http://stlcop.edu/catalog)) for specific information on acceptance, deposits, and deadlines

## STATEMENT OF COMMITMENT

Please read the Oath of a Pharmacist and honor code below. A signed statement of commitment must be submitted with the application for admission and will be considered incomplete without it.

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During Commencement, new graduates are asked to stand and recite the Oath of a Pharmacist. However, the College believes that the principles in the oath must be practiced long before graduation. Students are expected to follow the principles of moral, ethical, and legal conduct as stated in the oath throughout their enrollment at the College.

The College asks that you take time to read the oath and consider its meaning. Unless you are prepared to fully embrace the commitment required to honor this oath as a student at the College and as a licensed pharmacist, we ask that you reconsider your decision to pursue a degree in pharmacy. However, if you are prepared to make a commitment to honor the principles set forth in the oath, we commend you on your decision and look forward to reviewing your application for admission.

### OATH OF A PHARMACIST

I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

I will consider the welfare of humanity and relief of suffering my primary concerns.

I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.

I will respect and protect all personal and health information entrusted to me.

I will accept the lifelong obligation to improve my professional knowledge and competence.

I will hold myself and my colleagues to the highest principles of our profession's moral, ethical, and legal conduct.

I will embrace and advocate changes that improve patient care.

I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

### HONOR CODE

If accepted to St. Louis College of Pharmacy, I pledge to conduct myself in an honorable manner in all phases of my life. As a student pursuing a degree in pharmacy, I understand the high standards of integrity associated with the profession and will accept the responsibility of conducting myself to uphold those standards. I pledge not to lie, cheat, steal, or tolerate those who do. I will respect and honor myself, my fellow students, and the College.

I hereby pledge that, as a student at St. Louis College of Pharmacy, I will uphold myself at all times to the highest degree of academic integrity. I understand that if ever found to be in violation of the Academic Honor Code and Integrity Policy, I will be subject to disciplinary actions, outlined within which may include dismissal, and that such action will warrant a file in my academic record.

I accept the obligations of the Honor Code  NO  YES

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APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

## TECHNICAL STANDARDS

Listed below are recommendations and information regarding the characteristics and abilities which St. Louis College of Pharmacy believes are important for students to possess in order to be successful in the pharmacy curriculum and in subsequent practice as a pharmacist.

For students who lack certain characteristics and/or abilities which are related to a documented disability, St. Louis College of Pharmacy will work to provide reasonable accommodations. The absence of some skills, however, may limit the variety of settings in which a pharmacist can work.

Any student who has concerns that a disability may impact their ability to complete the program should contact the director of academic support.

For more information on the College's compliance with the Americans with Disabilities Act, please refer to the Student Handbook or the ADA Program information on the College website.

The standards detailed below are derived from a variety of sources specific to pharmacy education and the practice of pharmacy. These sources include:

- Code of Ethics for Pharmacists
- Oath of a Pharmacist
- Pledge of Professionalism
- Accreditation Council for Pharmacy Education (ACPE) Accreditation Standards 2016
- Student Code (Professionalism Plan)

Each of the four key categories below (psychomotor abilities, communication, cognitive abilities and behavioral and social attributes) is defined and specific examples related to the pharmacy curriculum and the practice of pharmacy are noted.

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### PSYCHOMOTOR ABILITIES

Use of the body associated with mental activity.

During the curriculum, Pharm.D. candidates will be asked to:

- Observe lectures, demonstrations, and experiments
- Use a computer for course-based activities
- Visually evaluate microscopic slides, pharmaceutical preparations and instrumentation data
- Observe a patient accurately at a distance and close at hand in settings such as an ambulatory care exam room, hospital room, operating room, etc. where blood and other bodily fluids may be present
- Perform CPR
- Demonstrate safe, sterile technique
- Prepare drug products (compound drug products, prepare IVs, and make capsules)
- Perform physical exams using touch (e.g. use a stethoscope, take a pulse, perform a foot exam, etc.)
- Perform and demonstrate point-of-care testing (e.g. fingerstick of yourself and others)
- Administer immunizations

## COMMUNICATION

Imparting or interchange of thoughts, opinions, or information by speech, writing or signs.

During the course of the curriculum, Pharm.D. candidates will be asked to:

- Communicate effectively in the English language
- Document activities
- Speak, listen, and read in order to elicit information
- Effectively communicate with instructors, peers and patients
- Communicate with other health care providers
- Teach patients how to use health care related devices (inhalers, glucometers, etc.)
- Provide patients with clear, concise, accurate and audience-appropriate information
- Organize ideas and develop thoughts into coherent, appropriately written and referenced essays and research papers
- Interpret non-verbal communication (body language) from peers, patients, instructors and members of a health care team
- Utilize appropriate resources for communication with non-English speakers

## COGNITIVE ABILITIES

Mental processes of perception, memory, judgment, and reasoning.

During the course of the curriculum, Pharm.D. candidates will be asked to:

- Accurately fill prescriptions
- Solve problems involving measurement, calculations, reasoning, analysis, synthesis and evaluation
- Gather and evaluate information from multiple sources to develop patient treatment and monitoring plans in a timely manner
- Demonstrate evidence-based decision making
- Synthesize knowledge and integrate relevant information

## BEHAVIORAL AND SOCIAL ATTRIBUTES

Characteristics of experience, behavior and interaction with people.

During the course of the curriculum, Pharm.D. candidates will be asked to:

- Possess virtues such as honesty, integrity, and altruism
- Display attitudes such as empathy, care, compassion and social responsibility
- Promote confidence in their profession by exemplifying professional demeanor in all interactions
- Demonstrate and achieve the values and goals of the three pillars of professionalism: Competence, Connection and Character

## SIGNATURE:

I acknowledge that I will be held to these standards if I continue into the Pharm.D. program.

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STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE