

Faculty of Pharmacy & Pharmaceutical Sciences

Prospective PharmD Student-Pharmacist Consultation Form



Dear Pharmacist

The Admissions Committee of the Faculty of Pharmacy and Pharmaceutical Sciences requires applicants to find out about the practice of pharmacy from actual practitioners. In this light we ask that you fill out the following form. It is intended to confirm that the following applicant to the PharmD program has conferred with you about the profession of pharmacy. The student can be given the form and is required to send it to us as part of the package for his/her application to the entry level Pharmacy degree offered by the Faculty.

If you are a relative, please ask another member of the Pharmacy staff to fill out the form for the student, to avoid any potential conflict of interest.

Student name: _____
Please print Student signature

Date(s) of the student visit to the pharmacy: _____

The Pharmacy's name: _____

The pharmacist's name and license number (printed): _____

Pharmacist's signature and stamp: _____

The visit included (please check each that apply):

Discussion:

Tour:

Other (e.g. employment): _____

Are you a relative of the student (see note above)?

Yes

No

Students: Complete this form with a pharmacy staff member when conducting your Student - Pharmacist Consultation Form. Ensure the document is signed and stamped by the pharmacist before scanning. Then, on the Application Status page upload the signed document under the 'Upload Materials' section.