HOWARD UNIVERSITY COLLEGE OF PHARMACY

Non-traditional Doctor of Pharmacy Program: Curriculum Vitae

Instructions: Please type or print neatly in black ink. All answers should be based on the time during and after college. If necessary, you may attach additional sheets to this form to complete a response to any questions. This completed form must be part of your application packet.

General Information:

SSN: _____-_____-_____

First: _____ Middle: _____ Last: _____

Do you currently hold a valid United States license to practice Pharmacy? ☐ Yes or ☐ No

If yes, which state(s) do you hold your license in? State:_____ License #:_____

State:_____ License #:_____

State:_____ License #:_____

Educational Experience:

Institution Name	Date Attended	Field of Study	Degree Earned	Date of Degree
	_____ / _____ Month/Year			_____ / _____ Month/Year
	_____ / _____ Month/Year			_____ / _____ Month/Year
	_____ / _____ Month/Year			_____ / _____ Month/Year
	_____ / _____ Month/Year			_____ / _____ Month/Year

Did you graduate from an ACPE accredited pharmacy school? ☐ Yes or ☐ No

Pharmacy Experience/Rotations:

This includes all non-paid or paid pharmacy experiences/internships/rotations completed as part of the licensing and/or pharmacy degree requirements.

Site	City/State	Type *	Length of time (months)

Type: 1= Community/Retail Pharmacy
2= Ambulatory Care
3= Long Term Care
4= Acute Care
5= Pharmaceutical Industry
6= Hospital/Institutional Facility
7= Other

Pharmacy Related Employment (Post Licensure)

Employer	Position/Title	Full/Part Time	Time of Employment	
		☐ Full / ☐ Part	____/____ Month/Year	____/____ Month/Year
		☐ Full / ☐ Part	____/____ Month/Year	____/____ Month/Year
		☐ Full / ☐ Part	____/____ Month/Year	____/____ Month/Year
		☐ Full / ☐ Part	____/____ Month/Year	____/____ Month/Year

Other Non-Related Health Care Employment

Employer	Position/Title	Full/Part Time	Time of Employment	
		☐Full /☐Part	____/____ Month/Year	____/____ Month/Year
		☐Full /☐Part	____/____ Month/Year	____/____ Month/Year
		☐Full /☐Part	____/____ Month/Year	____/____ Month/Year

Memberships to Organizations:

Organization	Office Held	Dates	
		____/____ Month/Year	____/____ Month/Year
		____/____ Month/Year	____/____ Month/Year
		____/____ Month/Year	____/____ Month/Year
		____/____ Month/Year	____/____ Month/Year

Teaching Experience:

Institution	Lecture/Presentation	City/State	Dates	
			____/____ Month/Year	____/____ Month/Year
			____/____ Month/Year	____/____ Month/Year
			____/____ Month/Year	____/____ Month/Year

Academic or Professional Awards/Honors:

Name of Award/Honor	Date Received
	_____ / _____ Month/Year
	_____ / _____ Month/Year
	_____ / _____ Month/Year
	_____ / _____ Month/Year

As indicated by my signature, I understand that withholding information required on this application or giving false information may make me ineligible for admission to the University or subject to dismissal when the same is made known regardless of classification. With this understanding, I certify that all of the above statements and information included are correct and complete; and, if admitted to Howard University, I agree to abide by its policies, rules and regulations.

Signature of applicant _____ **Date** _____