

Application Form- PharmD for Pharmacists

PERSONAL INFORMATION			
U of T # (if applicable): _____			
Surname: _____			
Previous (Maiden) surname (if used on academic records): _____			
Given Name(s): _____			
Preferred Name (if different than given name) : _____			
Date of Birth: _____ Gender: _____			
ADDRESS:			
Address: _____			
Apt. #: _____ City: _____			
Province: _____ Country: _____ Postal Code: _____			
Telephone #: _____			
CONTACT INFORMATION			
E-Mail Address: _____			
<input type="checkbox"/> No email address			
Give one permanent email address ONLY, this will be the main form of communication.			
If no email address box is checked, we will use telephone number for all communication.			
CITIZENSHIP			
Country of Citizenship: _____			
Status in Canada (if not a Canadian Citizen) : <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Student Visa			
<input type="checkbox"/> Other _____ Date of Entry into Canada: _____			
<input type="checkbox"/> No status in Canada			
First Language: _____			
UNIVERSITY(S) ATTENDED			
Put <u>undergraduate pharmacy</u> in position 1, then reverse chronology for all other degrees currently enrolled in, previously enrolled in, or previously received.			
1	University	Degree	Date degree awarded
2			
3			
4			
CURRENT PHARMACY LICENSURE(S). Please list all <u>current</u> license(s)			
<input type="checkbox"/> Not currently licensed			
	Province/ state/ country*	Date of licensure	
1			
2			
*Not all countries require licensure. If this is your case, please put the country's name you are currently practicing in			

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PROFESSIONAL REFERENCES

PLEASE CONTACT YOUR REFERENCES DIRECTLY & PROVIDE THEM WITH FORMS OR LINKS

- Reference forms are available at:
<http://pharmacy.utoronto.ca/pharmdforpharmacists/application-process>
- Referees with institution emails (university, hospital, corporation), can submit scanned references (with original signatures) by email to pfp.adm@utoronto.ca
- All other references may submit by fax (416-978-6528) or via post mail/ courier

1. Name: _____

Work Address: _____

Company: _____ Title: _____

Email: _____ Telephone: _____

2. Name: _____

Work Address: _____

Company: _____ Title: _____

Email: _____ Telephone: _____

APPLICATION PACKAGE

Your application is not considered complete until you have submitted:

- Application form
- Curriculum Vitae (or resumé if applicant prefers)
- Official Transcript(s) (MUST be mailed directly by the institution) from each post-secondary institution other than University of Toronto.
 - UNOFFICIAL TRANSCRIPT(S) WILL NOT BE ACCEPTED
 - U of T students ensure your student number is on page 1
- Two Confidential Professional References (MUST be submitted directly by the referee)
- Certified cheque or money order for \$200.00 Canadian (non-refundable) payable to University of Toronto

IF REQUIRED FOR INTERNATIONAL STUDENTS

- PEBC Evaluating Examination Scores (MUST be mailed directly by the testing agency)
- English facility scores (MUST be mailed directly by the testing agency)

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DECLARATION

I hereby declare that all statements on the application and in any supporting materials are true, correct and complete, and all material information has been disclosed. I understand that if the University finds to the contrary, my association with, admission to, or registration in the University may be rescinded and cancelled after notice in writing to me at my mailing address shown herein. The name at the top of this form is the complete name by which I am legally and correctly known. I understand that if I have not previously applied to or registered at the University this name will be officially recognized on academic records of the University and it will not be changed without formal verification. I understand that if I have previously applied to or registered at the University and the name on this form is other than that by which I am known in the academic records of the University, I must request a change of name to be completed with the University. I understand that the inclusion of a University of Toronto student number (if applicable) allows the program to review my previous/ current academic records. I acknowledge that all application materials submitted becomes property of the University and that the application fee is non-refundable.

INTERVIEW PREFERENCE

If I am selected for an interview, I would prefer to have the interview (CHOOSE ONLY ONE):

- Onsite at Leslie Dan Faculty of Pharmacy, 144 College Street, Toronto

- Virtually via Skype (my Skype ID: _____)

Signature: _____ Date: _____