



PROFILE FOR SUCCESS in Pharmacy (PFS-Pharm) PROGRAM

2018 Program Dates: May 20-June 28

Instructions: Please complete the fillable form as directed and print a copy for submission. To complete the application click the Fill and Sign Tools button. To type responses, click the Add Text button. To check a box, click the Add Checkmark button. Complete all sections of the application. Official transcripts of all college level course work should be mailed to us directly from your institution (s). **Upload the application via the website. Applications must be submitted no later than 11:59pm March 1, 2018.**

Part I. Identifying Information

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____/_____/_____

Male Female

Current Mailing Address: (I will be at this current address until: _____/_____/_____)

Street: _____

City: _____ State: _____ Zip Code: _____

Current Phone: () _____ - _____ Email: _____

Permanent Mailing Address (where you can be reached after June 28, 2018)

Street _____

City _____ State _____ Zip Code _____

Permanent Phone: () - _____

Citizenship (Must be a US Citizen
 or Permanent Resident): _____

University of Michigan College of Pharmacy
 Dr. Regina McClinton
 Chief Officer for Diversity Equity and Inclusion
 428 Church Street
 Ann Arbor, MI 48109-1065
 Phone: (734) 764-9710

Program Qualifications

Please supply the following information. Check any/all appropriate boxes that would describe yourself by using the guidelines to determine your eligibility. **Please provide a corresponding essay (2-3 paragraphs) in explanation.** Only one category is necessary to qualify. Documentation is not required at time of application submission but must be available upon request.

Economically disadvantaged:

A student that comes from a “low income family” with an annual income below the thresholds published in the Federal Register by the Secretary, DHHS, for use in all health professions programs (see page 8 for income guidelines).

Educationally disadvantaged:

A student comes from a community college or a less competitive four-year institution, as defined by Barron’s Profiles of American Colleges.

Standardized test scores (ACT/SAT) at student’s school are markedly below other institutions, or student performance on standardized tests (ACT/SAT) is below national norms AND student has an overall grade point average below 3.0 or a science grade point average below 2.90.

Student attended secondary school in a financially designated poor district. Parents or other adults in the household are not high school graduates.

Student lacked the opportunity to gain academic enrichment from other sources.

Socially disadvantaged:

A student comes from an environment that has inhibited (but not prevented) them from obtaining the knowledge, skills and abilities required to enroll in and successfully complete an undergraduate course of study that could lead to a career in the health sciences. This includes, but is not limited to: First generation college students, or are limited by their community setting (rural, inner city or reservation), has a certified learning disability, a physical disability, or student is from a single-parent household or foster-care setting for the majority of their K-12 experience.

Demonstrated commitment to improving the health of the underserved and disadvantaged populations, such as:

- Personal life experiences with underserved and disadvantaged health issues, and how these have stimulated you to pursue training in pharmacy.
- Significant volunteer or other work for a clinic or agency serving the underserved or disadvantaged populations (local, national or international).
- Other experiences (e.g. specific courses taken) which have prompted you to focus on improving the health of underserved and disadvantaged populations.

The above information that I have checked is true to the best of my knowledge. If needed, I will supply information to document my status as a student from a disadvantaged background or my demonstrated commitment to improving the health of the underserved and disadvantaged populations.

Signature: _____ **Date:** _____

Part II. Education History

List most recent colleges or universities you have attended:

1. Name of **current** College/University: _____

City _____ State _____ Zip Code _____

College Standing: Junior Senior Recent College Graduate

What is your major? _____

Total credit hours completed _____ Cumulative grade point average (GPA) _____

2. Name of College/University _____

City _____ State _____ Zip Code _____

College Standing: Freshman Sophomore Junior Senior

Total credit hours completed _____ Cumulative grade point average (GPA) _____

Have you taken course (s) in Biology or Chemistry? Please list these on the next page.

Yes No

Have you taken any Biology, Chemistry, Physics, Math, or English courses at other institutions?

Yes (If yes, please have only those transcripts sent to the address provided)

No

You must complete the following courses to participate in the PFS-Pharm program:

2 Semesters of Biology with Labs
2 Semesters of Inorganic Chemistry with Labs
2 Semesters of Organic Chemistry with Labs
1 Semester Physics
Calculus I
1 Semester English Composition

Have you previously taken the Pharmacy College Admissions Test (PCAT)?

No, anticipated test date: ____/____/____

Yes, date taken: ____/____/____

(List PCAT score and attach a copy of your score report)

	SS	PR
Biological Processes	____	____
Critical Reading	____	____
Quantitative	____	____
Reasoning Composite	____	____

Writing Score _____

Have you taken a PCAT review course?

Yes, if yes, where? _____

No

When do you plan to apply to pharmacy school _____

Extracurricular Activities: List any extracurricular activities (sports, hobbies, clubs, etc.)
You may list these on a separate sheet of paper.

Have you ever participated in a Health Careers Opportunity Program (i.e. HCOP, SMDEP, etc.) summer academic enrichment program or summer research program?

No

Yes, please list the name of the program, the location and dates attended:

How did you hear about our program?

- Friend
- Advisor
- Website
- UM Pharmacy Faculty/Staff/Student/Alumni

Name: _____

Other: _____

Recommendations:

Three (3) letters of recommendation should be mailed or uploaded directly from each person making the recommendation. Letters may also be signed and sent as a pdf document from the verifiable email address of the sender/recommender. In addition, each recommender should complete the Applicant Recommendation Form. **Note:** Two letters should come from your science instructors and the third can come from an advisor/ counselor /employer or person of your choice.

List the names and titles of the people you have asked to complete the 3 letters and Applicant Recommendation Form. **YOUR RECOMMENDATIONS SHOULD INCLUDE AT LEAST TWO SCIENCE INSTRUCTORS. LETTERS AND FORMS ARE DUE MARCH 15, 2018**

Name _____
Title _____
Institution _____
E-mail address _____

Name _____
Title _____
Institution _____
E-mail address _____

Name _____
Title _____
Institution _____
E-mail address _____

Please provide a short essay in which you introduce yourself, and address the following questions:

1. What exposure have you had to the field of pharmacy and how has this influenced you?
2. What are your goals as a health professional?
3. How would you describe yourself? How would others describe you?
4. Explain why you want to participate in this program and why we should select you as a participant.
5. What unique skills, qualities or life experiences would you bring to a health profession?

Attach your typed essay to the application, and include your name on each page of your essay. Please save an electronic version of your answers to be used if you are accepted into the program.

I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in this or future University of Michigan College of Pharmacy Summer Programs.

Student Signature _____

Date _____

All materials must be received no later than 11:59 pm **March 15, 2018** for your application to be considered. **Please read carefully:**

1. Please upload your application at pharmacy.umich.edu/pfs. Please include the following:
 - ❑ A 2-3 paragraph essay explaining how you qualify for PFS. Attach any documents that can support this statement. (Page 2)
 - ❑ A list of the Biology, Chemistry, Physics, Math, English, Sociology and Psychology course(s) you have taken and/or are currently enrolled. (Page 4)
 - ❑ An essay (500 word minimum) addressing the questions stated on page 6.
 - ❑ A current resume or curriculum vitae.

 2. Do not forget that the following pieces of information are required for your application to be complete:
 - ❑ Three letters of recommendation. Two letters should be from science instructors/professors and the third can be from an individual of your choice.
 - ❑ Official college transcripts from each institution you have attended.

 3. Letters of recommendation should be sent to Dr. McClinton via e-mail, and transcripts should be sent directly from the source to either reginamc@umich.edu or the address below to maintain confidentiality.
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If mailing, please send transcripts to:

**Profile for Success in Pharmacy Program
The University of Michigan College of Pharmacy
ATTN: Dr. Regina McClinton
428 Church Street
Ann Arbor, MI
48109-1065**

Income Guidelines

The Secretary defines a “low-income family” for programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines.

The Secretary annually adjusts the low-income levels based on the Department's poverty guidelines and makes them available to persons responsible for administering the applicable programs. The income figures below have been updated to reflect increases in the Consumer Price Index through December 31, 2008. The family’s income cannot exceed the following:

Size of parents' family *	Income level **
1.....	\$21,660
2.....	29,140
3.....	36,620
4.....	44,100
5.....	51,580
6.....	59,060
7.....	66,540
8.....	74,020

* Includes only dependents listed on Federal income tax forms. Some programs will use the student's family rather than his or her parents' family.

** Adjusted gross income for calendar year 2008.

Dated: April 17, 2009.

CONFIDENTIAL
Applicant Recommendation Form

The University of Michigan College of Pharmacy hosts a six-week summer program, Profile for Success in Pharmacy, which is designed to expose participants to health careers in pharmacy for the purpose of developing competitive applicants for pharmacy school. Your candid and thoughtful evaluation of the applicant is greatly appreciated. For more information please visit pharmacy.umich.edu/pfs.

Please return this completed form and a letter of recommendation by March 15, 2018 via email to Dr. Regina McClinton- reginamc@umich.edu.

Please check the appropriate box for each category or indicate N/A for those categories where you have no basis to judge.

In your letter, please describe the student's qualities, characteristics and if known, potential as a health care professional. Also include any known academic weaknesses (test-taking, study skills, writing, etc.) to assist us in working with the student during the program.

Student Name: _____

Relationship to applicant: _____

Characteristics	Excellent	Very Good	Fair	Poor	No Basis to Judge
Oral & Writing Abilities					
Personality					
Maturity & Judgment					
Dependability & Reliability					
Perseverance					
Character & Integrity					
Initiative					
Self Esteem					
Leadership					
Potential as a Health Professional					

Name

College/Department

Position/Title

Signature

Date

PLEASE SEND THIS FORM & LETTER TO: Dr. Regina McClinton at reginamc@umich.edu

