

The Early Admission Program (EAP) allows high school seniors to apply early to OSU's Doctor of Pharmacy (Pharm.D.) program. EAP students are required to maintain a minimum OSU cumulative GPA of 3.25 and a pre-pharmacy science GPA of 3.30. In addition, EAP students are expected to engage actively in the exploration of their chosen field by accruing a minimum of 50 hours of experience in health-care settings. Experience can be paid, volunteer, job-shadowing, club-related, or informational interviewing.

EAP students are expected to identify a site (or sites) that is of interest to them and that contributes to their knowledge of the healthcare field. Each site experience should be documented on a separate *Experience Documentation Form* and submitted to the College of Pharmacy Student Services Office at the conclusion of their time at that site. Qualified experiences are those that are completed during the student's time in the EAP, and a maximum of 10 hours can be accrued in the summer prior to starting the EAP. All 50 hours must be complete and documented before the student starts winter quarter of their last Pre-Pharmacy year. Because the College of Pharmacy believes so strongly in the experiential process, failure to accrue health-care related experience will result in removal from EAP.

When participating in a site experience, it is the College of Pharmacy's expectation that students adhere to OSU's Student Conduct & Community Standards as well as any site-specific policies and procedures. EAP students need to be aware that, at certain sites, they may be required to complete additional paperwork, training, and/or background checks.

It is also the College of Pharmacy's expectation that EAP students will review the EAP *Experience Documentation Form* with their supervisor prior to their start date to ensure that the tasks assigned and the process of recordkeeping are clear. At the end of the experience, EAP students will be responsible for completing Section A of the *Experience Documentation Form*, submitting the form to their supervisor to complete Section B, and returning the Form to the College of Pharmacy Student Services Office.

If at any point either the student or the supervisor have any concerns/questions, please call 541-737-3424 and ask to speak to an Academic Advisor.

EAP Experience Documentation Form

A. Student Information (student should complete section A and then submit to their supervisor for approval)

Student's Name: _____ OSU ID: _____

Date(s) of Experience: _____ Number of Hours: _____

Description of Task:

How did this task contribute to your preparation for a career in the field of pharmacy?

B. Supervisor Information (supervisor should complete section B and review the completed document with the student)

I certify that the above student participated in the task described for the stated timeframe.

Supervisor's Signature Date

Supervisor Comments:

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Address: _____

Supervisor E-mail: _____