

**Ernest Mario School of Pharmacy
Robert Wood Johnson Medical School
Rutgers, The State University of New Jersey
AY 2022 - 2023 Application and Instructions
PharmD/MD Dual Degree Program**

Required documents due by January 6, 2023

1. Application form
2. Essay
3. Three letters of recommendation

1. Application Form

Basic Information

Legal name (last name, first name): _____

Date of birth: _____

Sex: _____

Citizenship: _____

Legal state of residence: _____

Preferred address: _____

Permanent address: _____

Rutgers Email address: _____

Year of high school graduation _____

Name/address of high school _____

Are you a transfer student? (yes/no) _____

Other colleges/universities attended _____

Do you have a bachelor's or graduate/professional degree? (Please identify degree) _____

Are you an EOF student? (yes/no) _____

Cumulative GPA as of August 2022 _____

Anticipated Year of PharmD completion: _____

Experiences

Please indicate whether you have been involved with each of the types of experiences listed below and provide a brief description of your role. We do not expect you to have experience in all 12 categories; just fill out those boxes that are relevant for you.

1. Volunteer Community Service: Medical/Pharmaceutical/Clinical

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

2. Volunteer Community Service: Non-Medical/Non-Pharmaceutical/Non-Clinical

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

Paid Employment: Medical/Pharmaceutical/Clinical

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____

- Brief description of your role: (30 words or less)

3. Paid Employment: Non-Medical/Non-Pharmaceutical/Non-Clinical

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

4. Physician/Healthcare Shadowing/Clinical Observation (**including IPPE experiences**)

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

5. Physician/Healthcare Shadowing/Clinical Observation (**including IPPE experiences**)

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

6. Research/Lab (**including Research Honors Program**)

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

7. Additional Research/Lab Experience (in addition to experience listed in #6 above)

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

8. Independent Study Leading to Manuscript or Publication

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

9. Teaching/Tutoring/Teaching Assistant

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

10. Other Extracurricular Activity not included in above list

- Name of organization _____
- Contact person and email _____
- Dates of participation _____

- Total hours of experience _____
- Brief description of your role: (30 words or less)

11. Additional Leadership Experience

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role:

12. Military Experience

- Name of organization _____
- Contact person and email _____
- Dates of participation _____
- Total hours of experience _____
- Brief description of your role: (30 words or less)

13. Honors, awards, elected office in student organization, special recognitions earned while at the Ernest Mario School of Pharmacy

- Names of organizations, awards, offices held, dates of participation, etc.

2. Essay

As a separate document, write an essay describing your reasons for pursuing the PharmD/MD, your career aspirations, and why you feel you are well suited for the dual degree program. Referring to the experiences you listed in the application, discuss how specific activities/encounters affected your perspectives on healthcare, your career aspirations, your personal commitments, etc. Avoid generalities and include statements that indicate personal reflection (one to two pages, double spaced)
Convert essay to PDF.

Send PDF versions of application and essay as email attachments to: csg@pharmacy.rutgers.edu: Subject line: PharmD/MD Application and Essay; first line of text: Your full name and class year.

3. Letters of Recommendation

In addition, have three letters of recommendation sent on your behalf: two from faculty at the School of Pharmacy and one from a mentor/employer/supervisor/colleague with whom you worked in one of the experiences described above.

Letters should be sent by the recommender to csg@pharmacy.rutgers.edu as PDF attachments. Subject line: PharmD/MD Letter of Recommendation for (name of applicant). First line of text: Name of Student

Applications are due January 6, 2023

Questions? Contact csg@pharmacy.rutgers.edu