

**Ernest Mario School of Pharmacy
Robert Wood Johnson Medical School
Rutgers, The State University of New Jersey**

AY 2018-2019 Application Form - PharmD/MD Dual Degree Program¹

Please provide the following information:

Legal Name: _____
Date of Birth: _____
Sex: _____
Citizenship: _____
Legal State of Residence: _____
Preferred Address: _____
Permanent Address: _____
Preferred Email Address: _____
Year of high school graduation _____
Name/address of high school _____
Are you a transfer student? _____
Other colleges/universities attended _____
Do you have a bachelor's degree? _____
Are you an EOF student? _____
Anticipated Year of PharmD Completion: _____

Experiences

Please indicate whether you have been involved with each of the types of experiences listed below. Provide the information requested, including a brief description of your role and how this experience has affected your perspectives on healthcare, your career aspirations, your personal commitments, etc. 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
 - a. Name of organization _____
 - b. Contact person and email _____
 - c. Dates of participation _____
 - d. Total hours of experience _____
 - e. Brief description of your role _____

2. Volunteer Community Service: Non-Medical/Non-Pharmaceutical/Non-Clinical
 - a. Name of organization _____
 - b. Contact person and email _____
 - c. Dates of participation _____
 - d. Total hours of experience _____
 - e. Brief description of your role _____

¹ You may fill in application online. Please save as PDF and email as per instructions below.

3. Paid Employment: Medical/Pharmaceutical/Clinical

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

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

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

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

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

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

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

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

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

8. Independent Study Leading to Manuscript or Publication

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

9. Teaching/Tutoring/Teaching Assistant

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

10. Other Extracurricular Activities not included in above list

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

11. Additional Leadership Experiences

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

12. Military Experience

- a. Name of organization _____
- b. Contact person and email _____
- c. Dates of participation _____
- d. Total hours of experience _____
- e. Brief description of your role _____

Please list honors, awards, student organization elected office, special recognitions earned while at the Ernest Mario School of Pharmacy

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. Avoid generalities and include statements that indicate personal reflection (one to two pages, double spaced) *Convert essay to PDF.*

Send PDF versions of this form and your essay as email attachments to:

Dr. Carol S. Goldin

csg@pharmacy.rutgers.edu

Subject line: PharmD/MD application

First line of text: Your name and anticipated year of PharmD completion

In addition, submit three letters of recommendation: 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. Please read "[Guidelines for Letters of Evaluation](#)" before requesting letters of recommendation. Letters should be sent to csg@pharmacy.rutgers.edu as PDF attachments. Subject line: PharmD/MD Letter of Recommendation, First line of text: Name of Student

Applications are due December 14, 2018.

Questions? Contact csg@pharmacy.rutgers.edu