

Touro College of Pharmacy

*Supplemental Application for Admission
Fall 2010*

Touro College of Pharmacy
230 West 125th Street
New York, New York 10027
Phone: (212) 851-1192
Fax: (212) 531-2264
www.touro.edu/pharmacy

Pharmacy Application Instructions

Application Deadline	Recommended PCAT Test Date	Interviews	Admission Decisions
January 12, 2010	October 2009	February 2010	2 weeks after close of interviews

For the class entering in Fall of 2010, Touro College of Pharmacy will process applications according to the timeline above. Applications will be given the same weight, whether submitted on the first or last day of the open application period.

Application

Applications are submitted through PharmCAS at www.pharmcas.org. Candidates must also submit the Touro College of Pharmacy Supplemental Application. The application packet includes the following:

- Through PharmCAS (see online instructions for details):
 - A completed application
 - Three completed and sealed recommendation forms
 - Official transcripts from each college or university attended
 - Official PCAT scores
 - A personal statement
- Supplemental Application sent directly to the Touro College of Pharmacy Office of Student Affairs. **Typed or computer generated only:**
 - The completed Supplemental Application
 - A non-refundable Supplemental Application fee of **\$50**
 - A completed pre-requisite checklist, **the last page of this application**

Application Fee

Enclose a **\$50.00** check or money order made payable to **Touro College of Pharmacy**. This fee is **non-refundable**.

Letters of Recommendation

One letter **must** be from a health care professional. The remaining letters can be from anyone — other than a family member — who knows you well.

International Students

If you attended a college or university outside the United States or Canada, you must submit an **official**, detailed course-by-course evaluation of this work to PharmCAS. You must obtain an evaluation from one of the following services:

Educational Credential Evaluation (ECE)	(414) 289-3400
Joseph Silny & Associates International Education Consultants	(305) 666-0223
World Education Service (WES)	(212) 966-6311

Prerequisite Checklist

Please complete the attached prerequisite checklist. Include all classes that are in progress or planned course work on this checklist.

Pharmacy College Admissions Test (PCAT)

All applicants must have taken the PCAT no later than **October 17, 2009**. **Your file cannot be considered complete until PharmCAS receives your official PCAT scores.**

Please note the following:

1. Official scores must be sent directly to PharmCAS by the Psychological Corporation.
2. PCAT scores are valid only if the test was taken within the last *two* years (e.g., for Fall 2010, not before January 2008).
3. The Touro College of Pharmacy New York PharmCAS PCAT code is **104**.

For PCAT testing information: www.pcatweb.info or call (800) 622-3231

Application Review Process

Only complete applications are reviewed and considered for an interview invitation. Applicants will be interviewed by invitation **only**. ***ALL APPLICANTS WILL BE NOTIFIED BY E-MAIL OF THEIR INTERVIEW STATUS. THEREFORE, IT IS MANDATORY FOR YOU TO PROVIDE A VALID E-MAIL ADDRESS WHICH YOU CHECK ON A REGULAR BASIS. INTERVIEW INFORMATION WILL BE SENT BY E-MAIL ONLY.*** If at any time during the admissions process you wish to *withdraw* your application from consideration, ***please do so in writing by notifying the Office of Student Affairs.***

Application Interviews/Admission Decisions

The Office of the Assistant Dean for Student Affairs coordinates the Touro College of Pharmacy interview/selection process. Interviews are held in February 2010, with admission decisions made 2 weeks after the last interview.

Please mail completed and TYPED Supplemental Applications to:

Office of Student Affairs
Touro College of Pharmacy
230 West 125th Street
New York, New York 10027

Only applications that have been fully and accurately completed according to the instructions will be considered.

TOURO College of Pharmacy
Fall 2010 Supplemental Application for Admission

TYPED or COMPUTER-GENERATED ONLY

PERSONAL INFORMATION

Social Security Number (optional) _____ - _____ - _____ **PharmCAS ID:** _____

Name _____
Last First Middle

Previous Name(s) _____

Permanent Address/Telephone:

Number and Street Apt. Number

Street City State Zip Code+4 Digit Postal Code

Day Phone Area Code () _____ Eve. Phone Area Code () _____

E-Mail: _____

Mailing Address/Telephone (if different from above):

Effective Start Date _____ End Date _____

Street City State Zip Code+4 Digit Postal Code

Day Phone () _____ Evening Phone () _____

Gender: Male Female

Date of Birth _____ Country of origin _____
mm / dd / yyyy

Are you a U.S. citizen? Yes No If No, citizen of: _____

If you are not a U.S. citizen:

Do you hold a U.S. visa? Yes No If Yes, indicate visa type: _____

If permanent resident, Alien reg.# _____

Intern Permit (if applicable):

State: _____ License Number: _____

Issue Date: _____ Expiration Date: _____

Ethnic Origin

The following six items are **optional** and will be used to help evaluate our efforts relative to provide compliance data for federal and state agencies. No information you provide will be used as selection criteria during the admission process.

- Asian or Pacific Islander
- American Indian or Alaskan Native
- White (Non-Hispanic/Latino)
- Black/African American (Non-Hispanic/Latino)
- Hispanic/Latino
- Other (please specify) _____

COMMUNITY/VOLUNTEER ACTIVITIES (college to present): Include the approximate number of volunteer (**non-paid**) hours served with each organization/activity.

COMMUNITY/VOLUNTEER ACTIVITIES	APPROX. HOURS. PER WEEK	DATES

Are you fluent in another language? YES_____ NO_____
Please indicate which languages(s) you speak in addition to English: _____

How did you find out about Touro College of Pharmacy?

- Friend
- Touro College graduate
- Co-worker
- Employer
- Internet
- Advertisement
 - Radio
 - Print
- College fair
- Other (please specify) _____

LIFE EXPERIENCES ESSAY

Please explain how your experiences have prepared you to enter the Touro College of Pharmacy. This is a chance to share your personal journey beyond what you have described in your PharmCAS application. If there are special challenges you feel you had to overcome in the course of your education that should be considered in evaluating your application, please discuss them here.

Please do NOT exceed 500 words.

Touro College of Pharmacy New York Prerequisite Checklist

Completed Courses (Include classes you are currently enrolled in and planned courses with the planned date.)						
Required Prerequisite Courses In semester hours (sh)	Year	School	Grade*	Course Name: do not include number	Semester Hours Completed	Semester Hours Deficient
Biology with Lab 8 semester hours required						
Inorganic Chemistry with Lab 8 sh required						
Organic Chemistry with Lab 8 semester hours required						
Human Anatomy with Lab 3-4 semester hours required						
Biochemistry 3-4 semester hours required						
Physiology with Lab 3-4 semester hours required						
<i>OR Anatomy & Physiology I and II combination</i> 6-8 semester hours						
Microbiology with Lab 4 semester hours required						
Calculus 3-4 semester hours required						
Microeconomics 3-4 semester hours required						
Statistics, biostatistics preferred 3-4 semester hours required						
*Only grades of "C" or higher are accepted to fulfill prerequisite course requirements.						

DATE OF BACCALAUREATE DEGREE _____

My signature below indicates that all information contained in both the PharmCAS application and this Supplemental application is factually correct and complete. I understand that the misrepresentation or omission of application information is sufficient grounds for canceling my admission or registration.

Signature _____ **Date** _____

Policy of Non-Discrimination

Touro College does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities.

For additional information, please contact the US Department of Education Office for Civil Rights at <http://wdcrobc01p01.ed.gov/CFAPPS/OCT/contactus.cfm> or (800) 421-3481.