



Transfer Student Application

This application packet is for individuals who are applying for transfer to the Doctor of Pharmacy (PharmD) program at Midway College School of Pharmacy.

An email notification will be sent upon receipt of your application packet. Incomplete application packets will not be considered.

The following application should be filled out as completely and accurately as possible. All information is kept confidential and is used for the School of Pharmacy evaluation process only. This information will not be released to any other entities within or outside the college unless a written consent is given by you, the applicant.

Application Deadline: Postmarked by March 1st

Checklist:

To expedite the application process, please use the following checklist to ensure that your transfer application to Midway College School of Pharmacy (MCSOP) is properly completed.

- Completed MCSOP Transfer Student Application

- Official transcripts from all institutions in which pre-pharmacy coursework was completed (must have a minimum of a 2.5 GPA on a 4.0 scale in prerequisite work). Official transcripts must be sent directly from the school.

- Official PCAT score sent directly from the testing center, using code 163. Scores must be no older than 5 years. A competitive PCAT score is required.

- A letter from the Dean of the ACPE-accredited school that the student is currently attending stating that the student is in good academic and professional standing.

- A personal statement detailing the reasons for the transfer.

- Official transcripts from the students current pharmacy school (must have a minimum of 2.5 GPA on a 4.0 scale).

- A \$100 non-refundable application fee via personal check or money order, made payable to Midway College School of Pharmacy.

- Applicants with international transcripts are required to submit their transcripts via an international credentialing verification service.

- Applicants who have completed all pre-pharmacy coursework abroad are required to submit minimum TOEFL scores of 550 or higher.

Mail all documents in one packet postmarked by March 1st to:

*Midway College School of Pharmacy
Attn: Office of Student Affairs
PO Box 1847
Paintsville, KY 41240*

Accreditation Disclosure

Midway College's Doctor of Pharmacy program has been authorized by the Board of Directors for an on-site evaluation to be scheduled during fall 2011 for consideration of Precandidate accreditation status. Authorization of an on-site evaluation for consideration of Precandidate accreditation status does not carry with it nor imply an accreditation status. The on-site evaluation is authorized solely for purposes of gathering additional information in furtherance of an accreditation decision. The Board will consider Precandidate accreditation status at the regularly scheduled meeting, which occur in January and June of each year, following the on-site evaluation. For an explanation of the ACPE accreditation process, consult the Office of the Dean or the Accreditation Council for Pharmacy Education, 20 North Clark Street, Suite 2500, Chicago, Illinois 60602. Midway College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate, baccalaureate, master's, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Midway College. For a full copy of the Accreditation disclosure statement, please contact the Office of the Dean at 606-306-2202, or visit our website at <http://www.midway.edu/pharmacy/about-the-college>.

The Accreditation Council for Pharmacy Education (ACPE) accredits Doctor of Pharmacy programs offered by Colleges and Schools of Pharmacy in the United States and selected non-US sites. For a Doctor of Pharmacy program offered by a new College or School of Pharmacy, ACPE accreditation involves three steps: Precandidate accreditation status, Candidate Accreditation status, and Full accreditation status.

- **Precandidate** accreditation status denotes a developmental program that is expected to mature in accord with stated plans and within a defined time period. Precandidate accreditation status is awarded to a new program of a College or School of Pharmacy that has not yet enrolled students in the professional program and authorizes the college or school to admit its first class.
- **Candidate** accreditation status is awarded to a Doctor of Pharmacy Program that is currently recognized by ACPE with Precandidate status and has students enrolled but has not yet had a graduating class.
- **Full** accreditation status is awarded to a program that has met all ACPE standards for accreditation and has graduated its first class.

Graduates of a class designated as having Candidate accreditation status have the same rights and privileges of those graduates from a fully accredited program, generally including eligibility for licensure. ACPE conveys its decisions to the various boards of pharmacy and makes recommendations in accord with its decisions. It should be noted, however, that decisions concerning eligibility for licensure by examination or reciprocity reside with the respective state boards of pharmacy in accordance with their state statutes and administrative rules.

Midway College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate, baccalaureate, master's, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Midway College.

NOTICE OF NON-DISCRIMINATION

Midway College does not discriminate on the basis of race, color, religion, national or ethnic origin, marital status, age, or disability in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other College-administered programs or in its employment practices. In conformity with Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 and its implementing regulation at C.F.R. Part 106, it is also the policy of Midway College not to discriminate on the basis of sex in its educational programs, activities or employment practices. The admission of women only in the Traditional Day Programs is in conformity with a provision of the Act. For additional information, contact the College's Title IX Coordinator: Anne Cockley, Director of Human Resources, 11 Pinkerton Hall, 512 E. Stephens St., Midway, KY 40347, 859-846-5408

Section 1.

Student Information

Application for entering class Fall

Student Full Name

Do you have academic records under another name? Yes No

If yes, indicate name

Preferred Name

Social Security Number

Local Address:

City: State: Zip Code: County

Permanent Address:

City: State: Zip Code: County

Cell Phone:

Preferred Mailing Address Current Permanent

Email Address:

Day Phone:

Evening Phone:

Cell Phone:

Preferred Phone Number

Day

Evening

Cell

Emergency Contact

Name

Address:

City: State: Zip: Phone:

Relationship:

Section 2.

Personal Data

Country of Citizenship:

If you are a foreign citizen, please check the type of visa: F-1 U.S. Permanent Resident Other _____

Is English your native language? Yes No

If no, please indicate your TOEFL score: _____ Date Completed: _____

(TOEFL scores required of all international student applicants who completed prerequisites outside the United States)

Place of Birth: _____

Date of Birth: _____ / _____ / _____
(month) (day) (year)

Ethnic Origin

For Non-Hispanics Only

Non-Resident Alien

American Indian or Alaska Native

White (non-Hispanic)

Race and Ethnicity Unknown

Black or African-American

Two or more races

Hispanics of any Race

Native Hawaiian or other Pacific Islander

Gender Male Female

Religion/Denomination: _____

Do you plan to apply for grants or loans through Financial Aid? Yes No

(If yes, please complete the Free Application for Federal Student Aid at www.fafsa.gov)

Have you been a student at Midway College? Yes No

If yes, how many semesters? _____

Did any of your immediate family members graduate from Midway College? Yes No

If yes, please list their name(s) and relationship to you _____

How did you learn about Midway College School of Pharmacy? (Please check one)

Midway College website

Midway College faculty/staff

Television

PharmCAS

Employer

Practicing pharmacist

Internet Ad

Midway College alumni

Newspaper

Other (please list) _____

Section 3.

Educational History

Please list all dates you have taken, or will take, the Pharmacy College Admissions Test (PCAT):

1) Date ____/____/____ Highest Composite Percentile Earned: _____

2) Date ____/____/____ Highest Composite Percentile Earned: _____

3) Date ____/____/____ Highest Composite Percentile Earned: _____

4) Date ____/____/____ Highest Composite Percentile Earned: _____

Secondary (High) School:

Name of High School: _____

Date of graduation (or GED) ____/____/____

City _____ State _____

All undergraduate colleges and universities attended:

1) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

2) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

3) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

4) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

All graduate or professional schools attended:

1) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

2) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

3) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

4) Name of College/University: _____

City _____ State _____ Dates of Attendance ____/____/____ to ____/____/____

1st Degree: _____ 1st Degree Status: _____ Completed _____ In Progress

2nd Degree: _____ 2nd Degree Status: _____ Completed _____ In Progress

Section 4.

Professional Licenses

1) Type of license or certificate: _____

Issuing Organization: _____

Date issued ____/____/____ Expiration Date ____/____/____

2) Type of license or certificate: _____

Issuing Organization: _____

Date issued ____/____/____ Expiration Date ____/____/____

3) Type of license or certificate: _____

Issuing Organization: _____

Date issued ____/____/____ Expiration Date ____/____/____

Section 5.

Extracurricular Involvement

1) Name of organization: _____

Position title and brief description: _____

Start Date ____/____/____ End Date ____/____/____ Estimated Weekly Hours with the Organization: _____

2) Name of organization: _____

Position title and brief description: _____

Start Date ____/____/____ End Date ____/____/____ Estimated Weekly Hours with the Organization: _____

3) Name of organization: _____

Position title and brief description: _____

Start Date ____/____/____ End Date ____/____/____ Estimated Weekly Hours with the Organization: _____

4) Name of organization: _____

Position title and brief description: _____

Start Date ____/____/____ End Date ____/____/____ Estimated Weekly Hours with the Organization: _____

Section 6.

Honors and Scholarships

1) Name of Award, Honor, or Scholarship: _____

Organization: _____ Date Awarded ____/____/____

2) Name of Award, Honor, or Scholarship: _____

Organization: _____ Date Awarded ____/____/____

3) Name of Award, Honor, or Scholarship: _____

Organization: _____ Date Awarded ____/____/____

4) Name of Award, Honor, or Scholarship: _____

Organization: _____ Date Awarded ____/____/____

Section 7.

Work Experience

1) Employer: _____

Avg. Weekly Hours _____ Dates of Employment ____/____/____ to ____/____/____

Position Title and Description: _____

2) Employer: _____

Avg. Weekly Hours _____ Dates of Employment ____/____/____ to ____/____/____

Position Title and Description: _____

3) Employer: _____

Avg. Weekly Hours _____ Dates of Employment ____/____/____ to ____/____/____

Position Title and Description: _____

4) Employer: _____

Avg. Weekly Hours _____ Dates of Employment ____/____/____ to ____/____/____

Position Title and Description: _____

5) Employer: _____

Avg. Weekly Hours _____ Dates of Employment ____/____/____ to ____/____/____

Position Title and Description: _____

Section 8.

Background

Have you ever been, or are you now, subject to probation, suspension, academic dishonesty charges, or dismissal from an institution?

Yes No

If yes, answer the following appropriately:

Academic Probation Yes No

Academic Suspension Yes No

Disciplinary Probation Yes No

Disciplinary Suspension Yes No

Academic Dishonesty Charges Yes No

If you answered "yes," please provide a brief explanation below, including :

- 1) A brief description of each incident
- 2) Specific charge(s) made
- 3) Consequence(s) and/or outcome of incident(s)
- 4) A reflection on the incident(s) and how it impacted your life.

Are you eligible to return to the institution(s)? Yes No

Due to the student's direct connection with patients in a medical setting, criminal background checks are required for admission. Those applicants tentatively accepted for admission must consent to and undergo a criminal background check as a condition of enrollment. The student will be responsible for any fees associated with the background check. Existence of a conviction does not automatically disqualify an applicant from admission. Withholding information about criminal offenses and/or unsatisfactory results from the student's background may result in denial of admission.

1) Are you currently under investigation for or have any pending adjudications against you for any law violations? Yes No

2) Have you ever pleaded "no contest" or been convicted of a misdemeanor (please include all DUI and other drug and alcohol related offenses)? Yes No

3) Have you ever pleaded "no contest" or been convicted of a felony (please include all DUI and other drug and alcohol related offenses)? Yes No

If you answered "yes," please provide a brief explanation below, including :

- 1) A brief description of each incident
- 2) Specific charge(s) made
- 3) Indicate whether a misdemeanor or felony
- 4) Consequence(s) and/or outcome of incident(s)
- 5) A reflection on the incident(s) and how it impacted your life.

List all pharmacy schools to which you are applying for transfer this year:

1) College _____ Interview? Yes No

Status _____

2) College _____ Interview? Yes No

Status _____

3) College _____ Interview? Yes No

Status _____

4) College _____ Interview? Yes No

Status _____

Have you applied to this institution previously? Yes No

If yes, please provide date of application _____/_____/_____

Section 9.

Statement of Application Integrity

This application becomes part of your student records file and will be treated with appropriate confidentiality. The requested information is used to determine eligibility for admission, to evaluate academic history; to support financial aid requests, to conduct demographic research for program evaluation, to comply with state and federal reporting requirements, and for other uses as required by law or accreditation standards.

I hereby affirm that all information in this application is complete and accurate. I understand that withholding information or giving false information will result in my being ineligible for admission to Midway College and/or subject to dismissal after admission has been granted.

Signature

Date