

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

**AY 2016-2017 Application Form - PharmD/MD Dual Degree Program<sup>1</sup>**

**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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<sup>1</sup> 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

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**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](mailto: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](mailto: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 16, 2016.**

**Questions? Contact [csg@pharmacy.rutgers.edu](mailto:csg@pharmacy.rutgers.edu)**