

NDSU COLLEGE OF PHARMACY, NURSING, AND ALLIED SCIENCES POST-BACCALAUREATE PHARMACY PROGRAM IMPORTANT INFORMATION 2010

Thank you for your interest in our Post-Baccalaureate Pharmacy Program. Please note that we only have space for three post-baccalaureate students per year.

What information do I need when applying for the Post-Baccalaureate program?

1. Deadline is December 15. All materials must be post-marked by December 15.
2. You must apply to NDSU and to the College of Pharmacy, Nursing, and Allied Sciences. Each application requires an admission fee. The application fee for the College of Pharmacy, Nursing, and Allied Sciences is \$200 and non-refundable.
 - a. Web Address for NDSU International Admission (F-1, H-4, etc...)
<http://www.ndsu.edu/international/undergraduate>
 - b. Web Address for NDSU Admission (citizen or permanent resident)
http://www.ndsu.edu/prospective_students/
3. References - We require three references (forms are at the end of this document).
4. Transcripts - You must request official transcripts be sent to us AND to the Office of International Programs if you are an international student, or to the NDSU Admission Office if you are a citizen or permanent resident.
5. Your cumulative GPA must be a 3.5. or higher.
6. If you received a Bachelor's degree in pharmacy from a country other than the United States, you must request an official evaluation (WES or ECE) be sent to us and to the Office of International Programs if you are an international student, or to the NDSU Admission Office if you are a permanent resident.
7. We require the PCAT (Pharmacy College Admission Test). You must request an official PCAT be sent to our college. We will accept scores back to June of 2006. A minimum of 35% is required on the composite percentile score.
8. We require the TOEFL. You must request an official TOEFL be sent to our college and to Office of International Programs if you are an international student, or to the NDSU Admission Office if you are a permanent resident.
9. We require that you send a current photograph along with the pharmacy application to our college.
10. You must submit a DVD (video and audio AND Windows Media compatible) with a maximum two minute recording explaining why you are interested in North Dakota State University and our Post-Baccalaureate Pharmacy Program.
11. For students accepted to the program, they are assessed the following fees:
 - a. Tuition
 - b. A non-refundable deposit fee of \$500 to assure a place in the class. This fee will be applied to the programmatic fee for the first semester of the professional program.
 - c. An annual programmatic fee. Funds from this fee provide financial resources to sustain the quality of the programs provided to students. This fee is equivalent to the in-state North Dakota tuition. It is reassessed annually.
 - d. An annual intern fee. A \$100 fee for licensure as a student intern is required by the North Dakota Board of Pharmacy for each year of enrollment.

Who can apply to the Post-Baccalaureate Pharmacy program?

The Post-Baccalaureate Pharmacy Program is available to those who have a Bachelor's degree in pharmacy and are registered pharmacists. However, applicants must have already received their Bachelor's degree in pharmacy at the time of application to our program.

TOEFL - What is the minimum score you will accept? What is the oldest you will accept?

The minimum score we accept is 197 (computer based test); 525 (paper based test); 71 (IBT - Internet based test). We accept TOEFL scores taken within 3 years of the application date.

Do I apply as an undergraduate or graduate?

You would apply to NDSU as an undergraduate transfer student.

Do I need to pay the application fee of \$35 for application to NDSU if I already paid the \$200 application fee to the College of Pharmacy, Nursing, and Allied Sciences?

Yes, both application fees are required.

When will a decision on admission be made by the College of Pharmacy, Nursing, and Allied Sciences?

The applicant will be notified of their acceptance to the College prior to June 1st. However, a decision cannot be made for the post-bacc program until your application for general admission is complete through the Office of International Programs.

How many students do you accept?

We accept up to three students each year.

How many years does it take to complete the program?

The program is four years in length.

What does P1, P2, P3 mean?

The first year (P1), second year (P2), and third year (P3) of the professional program is focused on didactic education on campus. Instead of junior or senior status, students in the professional program are referred to by this. It corresponds with the year in which they are currently enrolled.

How do rotations in the P4 year work?

The P4 or fourth year is made up of 8 five week rotations which is focused on experiential training with qualified preceptors at various practice sites. A wide variety of experiential rotation offerings are available to students. Students should plan to travel outside the Fargo-Moorhead area to fulfill their experiential program requirements.

How do I get an advisor from Sudro Hall?

All post-baccalaureate pharmacy students are assigned to Dr. Miller, Chair of the Department of Pharmacy practice.

What electives do I have to take?

A minimum of four credits of professional electives are required for graduation with the Pharm.D. degree.

Where can I find housing on campus?

Apply for housing at: http://www.ndsu.edu/international/student_information/housing/

Where can I find a job?

NDSU Career Center at:

http://www.ndsu.edu/international/employment/on_campus_employment/

http://www.ndsu.edu/international/employment/off_campus_employment/

**POST-BACCALAUREATE PHARMACY PROGRAM
CURRICULUM
For Students Entering Fall 2010**

YEAR ONE (38 credits)			
FALL	cr	SPRING	cr
Phrm 340, Pathophysiology I	4	Phrm 341, Pathophysiology II	4
Phrm 351/L, Pharmaceutical Care I / Lab	2	Phrm 352/L, Pharmaceutical Care II / IPPE I	1+3
PSci 368, Pharmaceutics I	4	PSci 369, Pharmaceutics II	2
Bioc 460, Biochemistry I	4	Psci 410/610, Pharm. Biotechnology	2
Micr 470, Basic Immunology	3	PSci 411, Pharmacodynamics I	3
Professional Elective	2	Bioc 461, Biochemistry II	4
TOTAL	19	TOTAL	19
YEAR TWO (39 credits)			
FALL	cr	SPRING	cr
PSci 412, Pharmacodynamics II	3	PSci 414, Pharmacodynamics IV	3
PSci 413, Pharmacodynamics III	3	PSci 416, Pharmacodynamics VI	3
PSci 415, Pharmacodynamics V	3	Phrm 451L, IPPE II	4
PSci 470, Pharmacokinetics	3	Phrm 452/L, Pharmaceutical Care IV / Lab	2+1
Phrm 451, Pharmaceutical Care III	1	Phrm 480, Drug Literature Eval	3
Phrm 475, Pharmacy Management	3	Micr 460/561, Pathogenic + Lab	4
Engl 324, Writing for Health Profess., or Engl 325, Writing in the Sciences	3		
TOTAL	19	TOTAL	20
Students must successfully complete all coursework offered Spring semester of the P2 year in order to continue on with P3 classes and to take graduate level courses in our PharmD/PhD Program.			
YEAR THREE (30 credits)			
FALL	cr	SPRING	cr
Phrm 532, Infectious Disease	3	Phrm 520, Peds & Gerontology	2
Phrm 534, Rheumatology/Endo/Repro	2	Phrm 536, Neurology/Psychiatry	3
Phrm 535, Neoplastic Diseases	3	Phrm 537, Renal Disease/Fluid & Electrolyte	3
Phrm 538, Cardiovascular/Pulmonary	4	Phrm 552/L, Pharmaceutical Care VI / Lab	2
Phrm 551/L, Pharmaceutical Care V /Lab	2	Phrm 558, Nutrition/GI	2
Phrm 572, Pharmacy Law	2	Professional Elective	2
TOTAL	16	TOTAL	14
YEAR FOUR (40 credits) 40 Week Experiential Training Program - - Phrm 581, 582, and 583 (Students will very likely be assigned away from Fargo/Moorhead for all or part of rotation.)			

Current pharmacy licensure in United States: Yes ___ No ___; in what state _____

Current pharmacy licensure in country other than United States: Yes ___ No ___; in what country:

Are you a U.S. citizen? Yes ___ No ___ If no, in what country do you hold citizenship? _____

If not a U.S. citizen, are you a permanent resident? Yes ___ No ___

List the university in which you received your bachelor's degree in pharmacy, in addition to any other colleges, universities or vocational institutions you have attended in order of most recent attendance (including NDSU if you are a current or former student):

Name	Location	Dates attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all professional experience beginning with the most recent:

Position Held	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List names of three persons familiar with your past academic or professional work. It is your responsibility to have these individuals send the completed reference form to the College of Pharmacy, Nursing, and Allied Sciences Admissions Committee. Please use the form that is available on our web site.

Name	Position	Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information provided is true to the best of my knowledge.

Signature

Date



**North Dakota State University
College of Pharmacy, Nursing, and Allied Sciences
Fargo, North Dakota**

**COLLEGE OF PHARMACY,
NURSING, AND
ALLIED SCIENCES**

Reference Request Form for Applicant to Post-Baccalaureate Pharm.D. Program

To be completed by applicant: Please print or type

Name of Applicant:

First Name MI Last Name

Street Address or P.O. Box

City State Zip Telephone #

I waive the right to review this recommendation _____

To be completed by individual providing reference:

Please complete and return this reference form to:
(Note: Please use our new address.)

Dr. Kimberly Halbur, Chair
Admissions Committee 701-231-7601 Office
Associate Dean for Student Affairs 701-231-7606 Fax
NDSU College of Pharmacy, Nursing, and Allied Sciences
Dept 2650 - Dean's Office
PO Box 6050
Fargo ND 58108-6050

Applicants to the Post-Baccalaureate Pharm.D. Program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for this program. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a post-baccalaureate Pharm.D. program. All comments and information provided will be kept in strictest confidence. Deadline for submission is December 15.

Please complete the following:

I have known the applicant for approximately ____ [months] [years]. My relationship to the applicant was (or is) in the following capacity:

- faculty advisor
- clerkship preceptor
- other faculty relationship
- employer
- supervisor
- other (please specify) _____

I know him/her: very well fairly well only casually

Please indicate your assessment of the applicant's capabilities and potential as a student by placing an "x" in the appropriate box. If you prefer, you may write a separate letter in addition to the following section.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGEMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Ability to work with patients					
Dependability					
Willingness to accept constructive criticism					
Personal appearance & professional demeanor					
Commitment to professional practice					
Integrity					
Judgement & common sense					

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a post-baccalaureate Pharm.D. program?

Other comments:

Recommendation for post-baccalaureate Pharm.D. program. Please check appropriate choice.

I highly recommend this applicant

I recommend this applicant but with some reservation

I recommend this applicant

I am not able to recommend this applicant

Signature of Recommender

Date

Name - typed or printed

Telephone

Title and affiliation

Street address or P.O. box

City

State

Zip