

2023 AMDPA Pharmacy Summer Program PDF Application

1. NAME (FIRST AND LAST)

2. BIRTHDAY (MM / DD / YYYY) *Must Be 18 Years of age or older on or after May 31st*

3. SEX

FEMALE

MALE

4. RACE / ETHNICITY (CHECK ALL THAT APPLY)

AMERICAN INDIAN – ALASKA NATIVE

ASIAN AMERICAN

BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO

NATIVE HAWAIIAN OR PACIFIC ISLANDER

WHITE

TWO OR MORE RACES

5. PHYSICAL ADDRESS (INCLUDE CITY, STATE, ZIP AND COUNTY)

6. MAILING ADDRESS (INCLUDE CITY, STATE, ZIP AND COUNTY)

7. PHONE NUMBER INCLUDING AREA CODE (XXX-XXX-XXXX)

8. EMAIL ADDRESS

9. HOW DID YOU HEAR ABOUT THE PROGRAM?

10. SCHOOL NAME

11. WHAT IS YOUR CURRENT STATUS?

GRADUATING HIGH SCHOOL SENIOR

GED RECIPIENT

COLLEGE UNDERGRADUATE STUDENT

PHARMACY STUDENT

12. HAVE YOU WORKED IN A PHARMACY BEFORE? IF SO, LIST NAME OF PHARMACY AND DATES WORKED.

13. DID YOU PARTICIPATE IN AMDPA's PHARMACY SUMMER PROGRAM LAST YEAR?

YES

NO

14. WHY ARE YOU INTERESTED IN THE PROGRAM?

**Must be 300 words or less.*

15. LIST YOUR ACHIEVEMENTS, VOLUNTEER WORK, AND ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE.

**Must be 300 words or less.*

16. LIST TRAINING OR CERTIFICATES IF APPLICABLE

17. REFERENCE #1 NAME:

REFERENCE #1 PHONE NUMBER:

REFERENCE #1 EMAIL ADDRESS:

18. REFERENCE #2 NAME:

REFERENCE #2 PHONE NUMBER:

REFERENCE #2 EMAIL ADDRESS:

19. DO YOU HAVE ACCESS TO TRANSPORTATION:

YES

NO

20. ARE YOU ABLE TO COMMUTE 20-30 MILES TO THE ASSIGNED PHARMACY?

YES

NO

21. HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES

NO

IF SO, LIST CONVICTION AND DATE. (CRIMINAL BACKGROUND CHECK IS REQUIRED)

I CERTIFY THAT ALL INFORMATION PROVIDED IS ACCURATE.

DATE MM DD YYYY