



2025-2026 Admission Application Packet for UH/LU Cooperative Pre-Pharmacy Program

This application packet and supporting documents are for individuals applying for the UH/LU Cooperative Pre-Pharmacy program at Lamar University. For more information about pre-pharmacy requirements refer to web link: <https://www.uh.edu/pharmacy/admissions/pharmd/admissions-requirements/>

Applications will be accepted from December 1 through May 1 annually; **Application Packet Deadline is May 1, 2026.** The College of Pharmacy will send you an email upon receiving your application. Please keep your email address current with the college and check it regularly throughout the admissions process. The Assistant Dean for Student and Professional Affairs at the UH College of Pharmacy will inform you of the outcome of your application. Incomplete application packets will be returned to the applicant. Applicants who apply after May 1, 2026 will not be considered.

GUIDELINES

To be considered for admittance into the program, you must have completed the following prior to the submission of application materials:

1. Applicant must be admitted to Lamar University as an incoming freshman.
2. Have completed a minimum of twelve semester hours at Lamar University, but no more than 30 semester hours, including one math and one science course during the fall semester. Applicants with dual credit hours earned in high school will not be penalized.
3. A 3.2 grade point average overall and 3.2 grade point average in pre-pharmacy prerequisite math/science courses
4. A composite SAT or ACT score not less than the mean for the state of Texas, with no section score less than the mean attained in the state, unless other evidence of academic achievement exists.

To ensure consideration, this application packet including all official transcripts, \$100 application fee, and personal statement must be received in the Lamar University Medical Pre-Professional Program office no later than **May 1, 2026**. Send complete packet to Medical Pre-Professional Programs, College of Arts & Sciences, P.O. Box 10058, Lamar University, Beaumont, TX 77710. Make check payable to UH College of Pharmacy.

Three completed reference forms are to be emailed directly to UHCOP at pharmdinfo@uh.edu.

Before preparing this application, please read information below carefully.

Application Checklist:

- | | |
|---|---|
| <ol style="list-style-type: none">1. Enclose a \$100 personal check, cashier's check, or money order. Write your full name and the last four digits of your social security number on the memo line for the non-refundable application fee. Check payable to: UH College of Pharmacy. (Fee subject to change without notice.)2. Answer all questions completely.3. Submit official transcripts in sealed envelopes from each of the high schools, colleges, and universities you have attended and send to the Lamar University Medical Pre- Professional Programs Office. <u>Do not</u> have your institution send an electronic transcript. If an applicant has earned college credit (i.e. AP scores, CLEP exams, etc.) at their institution, specific course names and course numbers awarded must be clearly indicated on the transcript for credit to be recognized. Students must receive a 'C' (2.0 GPA) or better in each pre-pharmacy prerequisite course in order to be admissible to the Pharm D. program. All transcripts should be sent with the application packet. | <ol style="list-style-type: none">4. If your institution does not indicate earned college credit (i.e. AP scores, CLEP exams, etc.), an official score report from any credit earned by examination must be submitted with the application packet. For information refer to the web link:
https://publications.uh.edu/content.php?catoid=56&navoid=211265. Sign and complete in ink all pertinent sections of this application packet.6. Retain a copy of your complete application for your records.7. Reference Forms (submitted electronically)<ol style="list-style-type: none">a. Applicant is to fill out the Evaluator Information section, save it, and forward to each reference person to complete:
https://www.uh.edu/pharmacy/_documents/students/pharmd/lor-coop-template-2526-12.pdf |
|---|---|

8. Mail the completed application packet with official transcripts, personal statement, and the \$100.00 application fee to this address:

**Medical Pre Professional Programs
College of Arts & Sciences
P. O. Box 10058
Lamar University,
Beaumont, TX 77710**

Application packet deadline for Fall 2026 is May 1, 2026.

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

SECTION I: STUDENT APPLICATION RECORD

Be advised that a valid social security number is needed to obtain a student pharmacist intern card from the Texas State Board of Pharmacy by the fall semester of the first professional year.

In order for a student to successfully matriculate through the Pharm D. program, the intern card must be acquired. All Pharm D. students must possess a valid social security number issued by the United States Social Security Administration office, in order to assure the completion of this process. Applicants who do not currently possess a social security number are advised to begin this process immediately at <https://www.ssa.gov/>

FULL LEGAL NAME:

Last Name	(Jr., etc.)	First Name	Middle Name
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NAME (IF DIFFERENT FROM ABOVE OR ON ANY PREVIOUS ACADEMIC RECORDS):

Last Name	(Jr., etc.)	First Name	Middle Name
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IF CHANGE OF ADDRESS, EMAIL ADDRESS, OR PHONE NUMBER OCCURS, PLEASE NOTIFY THE COLLEGE OF PHARMACY IMMEDIATELY. pharmdinfo@uh.edu PERMANENT ADDRESS:

Number And Street Apt Number City State/Country Zip Code County (i.e. Harris) **CURRENT MAILING ADDRESS:**

Number And Street	Apt Number	City	State/Country	Zip Code	County (i.e. Harris)
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() _____

Please print or type in capital letters. Please indicate a zero with a 0. The college will email you upon receiving your application.

Month/Day/Year

Male Female Other

Please indicate which of the following groups **best** describes your ethnic background. This information will be used for federal and/or state law reporting purposes and will not be used by this institution in admission or scholarship decisions.

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black, African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White, Non-Hispanic Origin

SECTION II: APPLICATION FOR ADMISSION

SAT	Total	Evidence-Based Reading and Writing	Math
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or

ACT Composite	English	Math	Reading	Science
23	23	23	23	23
24	24	24	24	24
25	25	25	25	25
26	26	26	26	26
27	27	27	27	27
28	28	28	28	28
29	29	29	29	29
30	30	30	30	30
31	31	31	31	31
32	32	32	32	32
33	33	33	33	33
34	34	34	34	34
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36	36	36	36	36
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91	91	91	91	91
92	92	92	92	92
93	93	93	93	93
94	94	94	94	94
95	95	95	95	95
96	96	96	96	96
97	97	97	97	97
98	98	98	98	98
99	99	99	99	99
100	100	100	100	100

☐ Yes ☐ No If yes, check all that apply: Scholastic probation ☐ Yes ☐ No Academic suspension ☐ Yes ☐ No
Honor Board Charges ☐ Yes ☐ No Disciplinary suspension ☐ Yes ☐ No

If NO, please list institutions and explain the situation.

If YES, list program, school name, and year(s) attended:

6. List chronologically all schools attended since graduation from high school, including your present school, regardless of length of attendance. INCLUDE ATTENDANCE AT ANY OF THE UNIVERSITY OF HOUSTON CAMPUSES. If, after filing this application, you undertake work at another college or institution, you must notify the College of Pharmacy indicating the courses you are taking and the school in which you are enrolled.

College/Institution and Location	City and State	Type of Degree Received & Date

7. For data collection, please list the high school where you graduated.

High School City State Year

8. Pre-pharmacy Advisors appreciate receiving information regarding applicants they have assisted. With your permission, the admissions committee decision may be provided to the pre-pharmacy advisor of the undergraduate institution at which you completed the majority of your education.

☐ I give permission

☐ I do not give permission

SECTION III: GENERAL INFORMATION

A. Letters of Reference will be completed by:

Name of Evaluator

Name of Evaluator

Name of Evaluator

B. Background (family educational history, parents' occupations, language fluency, etc.)

C. High School/University Honors and Awards

Semester	Honor or Award	Where (high school, college, other)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Extracurricular Activities: List participation in High School and College activities and organizations.

Semester	Activity	Position or Responsibility	Where (high school, college, other)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Volunteer Experience/Community Service during High School and College

Dates of Service	Program/Organization	Type of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Work Experience

Have you been employed in a pharmacy? ☐ Yes, employed ☐ Yes, volunteered ☐ No

If yes, please provide the number of months employed/volunteered and name of the pharmacy, pharmacist employer

Please indicate if you are a Certified Pharmacy Technician (CPhT): ☐ Yes ☐ No Certificate Number

Have you attended an American Society of Health-System Pharmacists accredited Pharmacy Technician training program? ☐ Yes ☐ No If YES, list program, school name, and year(s) attended: _____

City_____ State_____ Completion date_____

List other non-pharmacy work experience.

Dates of Employment	Job Title	Employer	Description of Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many hours per week have you worked during the PRESENT academic year? _____

SECTION IV:ACADEMIC COURSE RESUME

The pre-pharmacy curriculum below, based on a study plan taken at the University of Houston, consists of 57-72 semester hours.

Instructions: 1. Transfer information from your transcript(s) to the prerequisite summary.

2. Check each course that has been completed by the end of the fall 2025 semester.

Prerequisite Summary

For admission to the College of Pharmacy a student must successfully complete (C or better) each prerequisite course prior to entering the professional program. Math and science courses taken during the summer will not be accepted for FALL enrollment into the professional program. All courses listed below must be successfully completed prior to beginning the professional program. Only grades of C or better (2.0 GPA) are accepted for transfer credit; however grades D and F are calculated in your GPA (grade point average). YOU MAY APPLY FOR ADMISSION WHILE IN THE PROCESS OF COMPLETING THE PREREQUISITES.

ACADEMIC COURSE RESUME: SECTION I – PREREQUISITE COURSES SUMMARY

Science/Math Requirements	Labs
☐ BIOL 1406—Biology for Science Majors I Lecture & Lab	
☐ BIOL 1407—Biology for Science Majors II Lecture & Lab	
☐ BIOL 2421-- Microbiology for Science Majors Lecture & Lab	
☐ BIOL 3470—Genetics	
☐ CHEM 1311—General Chemistry I Lecture	☐ CHEM 1111—General Chemistry I Lab
☐ CHEM 1312—General Chemistry II Lecture	☐ CHEM 1112—General Chemistry II Lab
☐ CHEM 3311—Organic Chemistry I Lecture	☐ CHEM 3111—Organic Chemistry I Lab
☐ CHEM 3312—Organic Chemistry II Lecture	☐ CHEM 3112—Organic Chemistry II Lab
☐ MATH 2413—Calculus & Analytical Geometry I	
☐ MATH 1342—Statistics OR PSYC 2317	

☐ PHYS 1401 Physics I **OR** PHYS 2425 ☐ PHYS 1401 Physics I **OR** PHYS 2425

Core Curriculum Requirements

☐ ENGL 1301* ¹

☐ Communications Course from the list* ¹

☐ History Course from the list * ¹

☐ History Course from the list * ¹

☐ POLS 2301* ¹

☐ POLS 2302* ¹

☐ PSYC 2301—General Psychology **OR** SOCI 1301—Introduction to Sociology

☐ Language, Philosophy, and Culture—3 credit hours* ¹

☐ Creative Arts—3 credit hours* ¹

☐ Component Area Option Course—3 credit hours* ¹

* See core curriculum courses for the Lamar U catalog

¹ Exempt if core curriculum is complete at the time of enrollment to UH from another accredited Texas public college/university, OR earned an U.S. baccalaureate degree or higher from an accredited college/university.

SECTION V: ACADEMIC COURSE SCHEDULES

Please list all courses now in progress and all courses you plan to take prior to enrollment in the College of Pharmacy.
OUTSTANDING PREREQUISITES MUST BE COMPLETED AND TRANSCRIPTS ON FILE IN THE COLLEGE OF PHARMACY.

Semester: _____ Year: _____

Semester: _____ Year: _____

COURSES PLANNED at

Lamar University

Term/Year	Prefix/Course Number	Title of Course

COURSES PLANNED at

Lamar University

Term/Year	Prefix/Course Number	Title of Course

SEMESTER HOUR SUMMARY

College	Semester Hours Completed	Semester Hours in Progress
*Junior or Community College (2 year)		
4- year College/University		
TOTAL		

SECTION VI: REFERENCES

Arrange for three letters of reference from: HS teacher, counselor, college advisor, professor, academic committee, a licensed pharmacist practicing or having practiced in the U.S., employer/supervisor or personal reference. Use the [REFERENCE REQUEST FORM](#) . Complete the Evaluator Information section, save it, and provide it to your reference person via email. The person providing the reference will email it directly to UHCOP at pharmdinfo@uh.edu.

SECTION VII: INTERVIEW- WRITING ASSESSMENT

The applicants selected for a personal interview with the College of Pharmacy faculty will be notified in advance **via email** of the date and time of the interview. The interview day, an important step in the admissions process, is conducted on select Fridays in March to June. The day's activities include: an interview conducted by members of the College Interview Team, and a written assessment with a given topic. These are all important parts that make up the college's interview process.

SECTION VIII: RESIDENCY INFORMATION

Notice: Students who have never attended the University of Houston or who have registered for their first semester should contact the Office of Admissions at (713) 743-1010 option 2, regarding questions or corrections to their residence status for tuition purposes. Former UH students should contact the Registration and Academic Records office at (713) 743-1010, option 2.

Instructions for Reclassification

This questionnaire is being used to determine if a non-resident University of Houston student qualifies to become a resident of Texas for tuition purposes. The determination of residency classification for tuition purposes is governed by statutes enacted by the Texas Legislature and rules and regulations promulgated by the Coordinating Board, Texas College and University System. These rules and regulations are located on the web <https://www.highered.texas.gov/texas-residency/>.

After you read this questionnaire and determine the circumstances you believe fulfill the requirements for residency for tuition purposes, complete the questionnaire and submit it and all supporting documents no later than the official reporting date for which you are requesting reclassification (12th class date for a fall or spring semester or the 4th class day for a summer session). Note: In order for residency determination to be made prior to payment of tuition, submission must be at least three weeks prior to registration. A decision will be made within 7-10 working days after your request is received in the appropriate office for review.

PART A. Student Basic Information. All Students must complete this section.

Name: _____

Date of Birth: _____
Month/Day/Year

Email: _____

Please print or type in capital letters. Please indicate a zero with a Ø.

PART B. Previous Enrollment. For all students.

1. During the 12 months prior to the term for which you are applying, did you attend a public college or university in Texas in a fall or spring term?

Yes ____ No ____

If you answered “no”, please continue to **Part C**.

If you answered “yes”, complete questions 2-7:

2. What Texas public institution did you last attend? (Give full name, not just initials.)

3. In which terms were you last enrolled? (check all that apply)

____ Fall, 20____ ____ Spring, 20____

4. During your last semester at a Texas public institution, did you pay resident (in-state) or nonresident (out-of-state) tuition?

____ Resident (in-state) ____ Nonresident (out-of-state) ____ Unknown

5. If you paid in-state tuition at your last institution, was it because you were a resident or because you were a nonresident who received a waiver?

____ Resident ____ Nonresident with a waiver ____ Unknown

IMPORTANT: If you were enrolled at a Texas public institution during a fall or spring semester within the previous 12 months and were classified as a Texas resident, skip to Part I, sign and date this form and submit it to your institution.

If you were not enrolled, or if you were enrolled but classified as a nonresident, proceed to Part C.

PART C. Residency Claim.

Are you a resident/reside of Texas? Yes____ No ____ If
you answered yes, continue to **Part D**.

If you answered no, complete the following question and continue to **Part I**.

Of what state or country are you a resident? _____ If
you are uncertain, continue to **Part D**.

PART D. Acquisition of High School Diploma or GED.

	Yes	No
1. a. Did you graduate from high school or complete a GED in TX prior to the term for which you are applying?		
1. b. If you graduated from high school, what was the name and city of the school?		
2. Did you live in TX the 36 months leading up to high school graduation or completion of the GED?		
3. When you begin the semester for which you are applying, will you have lived in TX for the previous 12 months?		
4. Are you a U.S. Citizen or Permanent Resident?		
5. Do you hold a visa? http://info.sos.state.tx.us/fids/200802309-1.html Visa Type (if applicable):		

Instructions to Part D.:

- ☐ If you answered “no” to question 1a or 2 or 3, continue to **Part E**.
- ☐ If you answered “yes” to the first four questions, skip to **Part I**. ☐ If you answered “yes” to questions 1, 2 and 3, but “no” to question 4, complete a copy of the **Affidavit**; <https://uh.edu/undergraduate-admissions/apply/residency/Affidavit-Approved-2013.pdf> skip to **Part I** of this form, and submit both this form and the affidavit to your institution.

PART E. Basis of Claim to Residency. TO BE COMPLETED BY EVERYONE WHO DID NOT ANSWER “YES” TO QUESTIONS 1a, 2, AND 3 OF PART D.

- Do you file your own federal income tax as an independent tax payer? Yes___ No ___
- Are you claimed as a dependent or are you eligible to be claimed as a dependent by a parent or court-appointed legal guardian? Yes___ No ___ (To be eligible to be claimed as a dependent, your parent or legal guardian must provide at least one half of your support. A step-parent does not qualify as a parent if he/she has not adopted the student.)
- If you answered “No” to both questions above, who provides the majority of your support?
Self_____ parent or guardian_____ other: (list)_____

Instructions to Part E.

- ☐ If you answered “yes” to question 1, continue to **Part F**.
- ☐ If you answered “yes” to question 2, skip to **Part G**.
- ☐ If you answered “no” to 1 and 2 and “self” to question 3, continue to **Part F**.
- ☐ If you answered “no” to 1 and 2 and “parent or guardian” to question 3, skip to **Part G**.
- ☐ If you answered “no” to 1 and 2 and “other” to question 3, skip to **Part H** and provide an explanation.

PART F. Questions for students who answered “Yes” to Question 1 or “Self” to Question 3 of PART E.

	Yes	No	Years	Months	Visa/Status
1. Are you a U.S. Citizen?					
2. Are you a Permanent Resident of the U.S.?					
3. Are you a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (You should have received a fee/filing receipt or Notice of Action (I-797) from USCIS showing your I485 has been reviewed and has not been rejected).					
4. Are you a foreign national here with a visa or are you a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which.					
5. Do you currently live in Texas? If you are out of state due to a temporary assignment by your employer, please explain in Part H.	Yes	No			
6. a. If you currently live in Texas, how long have you been living here?			Years	Months	
b. What is your main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.	Go to College		Establish/maintain a home		Work Assignment

7. If you are a member of the U.S. military, is Texas your Home of Record? What state is listed as your military legal residence for tax purposes on your Leave and Earnings Statement?	Yes	No			
	State				

	Yes	No
8. Do any of the following apply to you? (Check all that apply) a. Hold the title to real property (home, land) in Texas? b. Own a business in Texas? c. Hold a state or local license to conduct a business or practice a profession in TX?		
9. For the past 12 months, have you: (Check all that apply) a. been gainfully employed in TX? b. received services from a social service agency that provides services to homeless persons?		
10. Are you married to a person who could answer “yes” to any part of question 8 or 9? If yes, indicate which question could be answered yes by your spouse: How long have you been married to the Texas resident?		
	Question:	
	Years	Months

Skip **Part G** and Continue to **Part H**.

PART G. Questions for students who answered “Parent” or “Legal Guardian” to Question 3 of PART E.

	Yes	No	Years	Months	Visa/Status
1. Is the parent or legal guardian upon whom you base your claim of residency a U.S. citizen?					
2. Is the parent or legal guardian upon whom you base your claim of residency a Permanent Resident?					
3. Is this parent or legal guardian a foreign national whose application for Permanent Resident Status has been preliminarily reviewed? (He or she should have received a fee/filing receipt or Notice of Action (I-797) from the USCIS showing his or her I-485 has been reviewed and has not been rejected)					
4. Is this parent or legal guardian a foreign national here with a visa or a Refugee, Asylee, Parolee or here under Temporary Protective Status? If so, indicate which.					
5. Does this parent or legal guardian currently live in Texas? If he or she is out of state due to a temporary assignment by his/her employer, please explain in Part H.					
6. a. If he or she is currently living in Texas, how long has he or she been living here?			Years	Months	
b. What is your parent’s or legal guardian’s main purpose for being in the state? If for reasons other than those listed, give an explanation in Section H.	Go to College		Establish/maintain a home		Work Assignment
7. If he or she is a member of the U.S. military, is Texas his or her Home of Record? What state is listed as his or her military legal residence for tax purposes on his or her Leave and Earnings Statement?					
	State				

	Yes	No
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8. Do any of the following apply to your parent or guardian? (Check all that apply) a. Holds the title to real property (home, land) in Texas? b. Owns a business in Texas? c. Holds a state or local license to conduct a business or practice a profession in TX?		
9. For the past 12 months, has your parent or guardian: (Check all that apply) a. been gainfully employed in TX? b. received services from a social service agency that provides services to homelesspersons?		
10. Is your parent or legal guardian married to a person who could answer “yes” to any part of question 8 or 9? If yes, indicate which question could be answered yes by your parent or guardian’s spouse: How long has your parent or guardian been married to the Texas resident?		
	Question:	
	Years	Months

Part H. General Comments. Is there any additional information that you believe your college should know in evaluating your eligibility to be classified as a resident? If so, please provide it below:

PART I. Certification of Residency. All students must complete this section.

I understand that officials of my college/university will use the information submitted on this form to determine my status for residency eligibility. I authorize the college/ university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

Signature: _____ **Date:** _____

As an accredited pharmacy program, the University of Houston College of Pharmacy is responsible for student selection and matriculation, curriculum design, implementation and evaluation, and determination of who should be awarded a degree in fulfillment of specific academic and technical requirements. As an advisory committee to the Dean, the Admissions and Progression Committee is instructed to exercise judgment on behalf of the faculty to recommend the entering class, and to consider character, extracurricular achievement, and overall suitability for the pharmacy profession based upon information in the application, letters of recommendation, and personal interviews. Regardless of the type of practice i.e., community, clinic, health care system, students must demonstrate competence in those technical standards that together represent the fundamentals of being able to provide contemporary pharmaceutical care.

The University of Houston College of Pharmacy will consider for admission any applicant who demonstrates the ability to perform or to learn to perform the skills listed in this document. Applicants are not required to disclose the nature of their disabilities, if any, to the Admissions and Progression Committee. However, any applicant with questions about these technical standards is strongly encouraged to discuss the issue with the Assistant Dean for Student and Professional Affairs prior to the application process.

Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with pharmacy training or practice. Other conditions that may lead to a high likelihood of student illness should be carefully considered. Deficiencies in knowledge base, judgment, integrity, character, or professional attitude or demeanor, which may jeopardize patient care, may be grounds for course/rotation failure and possible dismissal.

The University of Houston College of Pharmacy adheres to technical standards by which it assesses all students, with or without accommodation. A student must possess aptitude, abilities, and skills in five areas: 1) observation; 2) communication; 3) sensory and motor coordination and function; 4) intellectual and conceptual, integrative and quantitative abilities; and 5) behavioral and social skills, abilities and aptitude.

The following technical standards describe the essential functions students must possess and demonstrate in order to fulfill the requirements of a general pharmacy education, and thus, are prerequisites for *entrance, continuation, and graduation* from the College of Pharmacy.

Technical Standard 1- Observation- The ability to critically observe demonstrations, experiments, and patients utilizing visual, auditory, and somatic senses. Thus, acuity in these senses is vital.

A PharmD student must possess sufficient visual, auditory, tactile and motor abilities to allow him or her to gather data from written reference material, from oral presentations, by observing demonstrations and experiments, by studying various types of medical illustrations, by observing a patient and his or her environment, by observing clinical procedures performed by others, by reading digital or analog representations of physiologic phenomena, and by performing a basic physical examination of a patient.

A PharmD student must be able to observe demonstrations and conduct exercises in a variety of areas related to contemporary pharmacy practice, including but not limited to, monitoring of drug response and preparation of specialty dosage forms. A student must be able to observe a patient accurately at a distance and close at hand, noting nonverbal as well as verbal signals.

Specific vision-related requirements include, but are not limited to the following abilities: visualizing and discriminating findings on drug or fluid monitoring tests; reading written and illustrated material; observing demonstrations in the classroom or laboratory, including projected slides and overheads; observing and differentiating changes in body movement; observing anatomic structures; discriminating numbers and patterns associated with diagnostic and monitoring instruments and tests, and competently using instruments for monitoring drug response.

Technical Standard 2- Communication- The ability to communicate effectively, efficiently and with sensitivity in verbal, nonverbal and written forms with peers, faculty, staff, patients, and the practice community.

A PharmD student must be able to ask questions, to receive answers perceptively, to record information about patients, and to advise patients and other health-care professionals. He or she must be able to communicate effectively and efficiently with patients, their families, and with other members of the health care team. This must include spoken communications and nonverbal communications such as interpretation of facial expressions, affects, and body language. Proficiency in both written and spoken English is required

A PharmD student must be able to relate effectively and display appropriate sensitivity with patients and their caregivers and or partners, conveying a sense of compassion and empathy. A student must be able to communicate clearly, observe patients in order to elicit information, accurately describe changes in mood, activity and posture, and perceive verbal as well as nonverbal communication. Communication includes not only speech but also reading and writing. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team.

Specific requirements include but are not limited to the following abilities: communicating rapidly and clearly with the health care team on rounds; eliciting a thorough history from patients; and communicating complex findings in appropriate terms to patients and their caregivers, partners and various members of the health care team. Students must learn to recognize and promptly respond to emotional communication such as sadness, worry, agitation, and lack of comprehension of communication. Each student must be able to read and record observations and care plans legibly, efficiently and accurately. Students must be able to prepare and communicate concise but complete summaries of individual encounters and complex, prolonged encounters with patients. Students must be able to complete forms or appropriately document activities according to directions in a complete and timely fashion.

Technical Standard 3- Sensory and Motor Coordination and Function- The physical stamina to maintain a high level of functioning in the face of taxing workloads and stressful working conditions.

A PharmD student must have sufficient sensory and motor function to monitor drug response and to prepare and or dispense pharmaceuticals. A student should be able to execute motor movements reasonably required to participate in the general care and emergency treatment of patients. They must be able to respond promptly to urgencies within the practice setting and must not hinder the ability of their co-workers to provide prompt care. A PharmD student may experience long hours of standing on some practice sites during their academic career.

Examples of such emergency treatment reasonably required of pharmacists include arriving quickly when called, participating in the initiation of appropriate procedures, and rapidly and accurately preparing appropriate emergency medication.

Technical Standard 4- Intellectual and Conceptual, Integrative and Quantitative Abilities- Competent demonstration of a range of intellectual skills that allow mastery of the large and complex body of knowledge that comprises the pharmacy curriculum.

A PharmD student must possess a range of intellectual skills that allows him or her to master the broad and complex body of knowledge that comprises a pharmacy education. The student's learning style must be effective and efficient. The ultimate goal will be to solve difficult problems and make recommendations for therapeutic decisions.

A PharmD student must be able to memorize, perform scientific measurement and calculation, and ultimately evaluate the biomedical literature. Reasoning abilities must be sophisticated enough to analyze and synthesize information from a wide variety of sources. It is expected that a PharmD student be able to learn effectively through a variety of modalities including, but not limited to classroom instruction, small group discussion, individual study of materials, preparation and presentation of written and oral reports, and use of computer-based technology.

Specific requirements include but are not limited to the following abilities: measurement, calculation, reasoning, analysis, judgment, numerical recognition and synthesis. Especially important is the appropriate and rapid calculation of dosages in a variety of conditions such as renal or hepatic failure, obesity, cardiac or respiratory arrest, etc. Additionally, calculations involving appropriate dilution or reconstitution of drug products, electrolytes, etc. must be made accurately and quickly. Problem solving, a critical skill demanded of all pharmacists, requires all of these intellectual abilities and must be performed quickly, especially in emergency situations. Students must be able to identify significant findings from history, physical assessment, and laboratory data; provide a reasonable explanation and analysis of the problem; determine when additional information is required; suggest appropriate medications and therapy; develop appropriate treatment plans to improve patient outcomes; develop patient counseling information at a complexity level appropriate to a particular situation; and retain and recall information in an efficient and timely manner. Students must be able to interpret graphs or charts describing biologic, economic or outcome relationships. The ability to incorporate new information from peers or teachers, and to locate and evaluate new information from the literature to be used appropriately in formulating assessments and pharmaceutical care plans is essential, as is good judgment in patient assessment and therapeutic planning for disease management. Students must be able to

identify and communicate the limits of their knowledge to others when appropriate and be able to recognize when the limits of their knowledge indicate further study or investigation is essential before participating in decision making.

Technical Standard 5- Behavioral and Social Skills, Abilities and Aptitude- The stability and stamina sufficient mental and emotional health to utilize intellectual abilities, exercise good judgment and promptly complete all assignments and responsibilities.

A PharmD student must be of sufficient emotional health to utilize fully his or her intellectual ability, to exercise good judgment, to complete patient care responsibilities promptly, and to relate to patients, families, and colleagues with courtesy, compassion, maturity, and respect for their dignity. Students must display this emotional health while practicing under the stress of physically and emotionally demanding workloads. Students must be able to modify behavior in response to constructive criticism. He or she must be open to examining personal attitudes, perceptions, and stereotypes (which may negatively affect patient care and professional relationships).

An individual with a diagnosed psychiatric disorder may function as a pharmacy student as long as the condition is under sufficient control to allow accomplishment of the above goals with or without reasonable accommodation. He or she must exhibit behavior and intellectual functioning that does not differ from acceptable standards. In the event of deteriorating emotional function, it is essential that a pharmacy student be willing to acknowledge the disability and accept professional help before the condition poses danger to self, patients, and colleagues.

Specific requirements include but are not limited to the following abilities: the ability to participate collaboratively and flexibly as a professional team member is essential, ability to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Additionally, the student should demonstrate the capacity to examine and deliberate effectively about the social and ethical questions that define pharmacy and the pharmacist's role and to reason critically about these questions. He or she must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into clinical decision making. Students are expected to accept appropriate suggestions and criticism and if necessary, respond quickly, appropriately and cooperatively by modification of behavior. Students must also develop the skills necessary to instruct and supervise technical personnel assisting with the delivery of pharmaceutical services.

Students are required to certify that they have received and read these technical standards prior to matriculation. Individuals with questions or concerns about their ability to meet these standards should contact The University of Houston College of Pharmacy Assistant Dean for Student and Professional Affairs.

Signature of Applicant: _____ **Date:** _____

Print Name: _____

SECTION X: IMPORTANT DISCLOSURES

- A. As part of the admission process for new students in the Doctor of Pharmacy program, all applicants accepted into the College of Pharmacy must satisfactorily complete (submit to and pay for) a criminal background check from a vendor approved by the College of Pharmacy. Adverse information that is found in a criminal history background check may result in the withdrawal of the applicant's offer of admission or dismissal from the program.
- B. After an applicant has received written notification of his/her acceptance into the UH College of Pharmacy Doctor of Pharmacy program, the matriculation process begins. To secure a place in the incoming class, the accepted student must return a signed copy of his/her signed letter of acceptance and all other required documentation, along with a required nonrefundable enrollment deposit of \$400.00 by the date designated in the letter of acceptance. A portion of the deposit will be applied to the student's tuition and fees.
- C. Under the Texas State Board of Pharmacy Rules and Regulations, a student is required to register as a student pharmacist-intern prior to performing student internship duties and only after successfully completing the first professional year with a minimum of 30 credit hours of work toward a professional degree in pharmacy. The agreement for registration requires a student to reveal personal history (i.e.

conviction of a felony or any misdemeanor other than a minor traffic violation). For more information, contact the Texas State Board of Pharmacy, William P. Hobby Building, Tower 3, Suite 3-600, 333 Guadalupe, Box 21, Austin, TX 78701, 512-305-8000 or visit <http://www.tsbp.state.tx.us/criminalhistory.htm>

- D. Pharmacy students will be enrolled in health-related courses that involve patient contact; therefore, they must comply with the immunization requirements outlined in Title 25, Health Services, Chapter 97, Section 97.61-97.72 of the Texas Administrative Code and must be current as part of their admission requirements. Specifically, the following immunizations will be required: tetanus/diphtheria, rubeola (common measles), rubella (German measles), mumps, and varicella (chicken pox). Although not required of pharmacy students by Title 25, the college requires the following immunizations: Hepatitis B and a negative TB skin test or chest x-ray. The negative TB is required prior to admissions and again prior to beginning Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs). In addition, influenza immunization is required annually. Texas State law mandates that all newly admitted and readmitted students under the age of 30 and all returning students under the age of 30 who have been out for one fall or spring semester must provide a certificate signed by a health care provider or an official immunization record verifying that they have been vaccinated against bacterial meningitis or have received a booster during the five years prior to registration. Students who are required to comply with this new law will not be eligible to register for the Fall classes until the necessary proof of immunization or an approved exemption form has been received. Students who need the vaccination must receive it at least 10 days prior to the first class day to be eligible to enroll for the semester (See: <http://www.uh.edu/academics/courses-enrollment/policies/immunization/index.php>).
- E. The Doctor of Pharmacy professional program's experiential experiences include an IPPE in the fall of the second year, Introductory Community Pharmacy during the summer of the second year, an IPPE during the spring of the third year and culminates in the full-time advanced pharmacy practice experiential course work of an internship program during the fourth year. UH has a large number of experiential sites in the Houston metropolitan area and additional sites throughout the state of Texas and across the nation. Although the College of Pharmacy seeks to assign student interns to the geographical area of their choice, all students admitted to the college must be prepared to accept assignments at any one of the UH IPPE and APPE sites designated by the college.
- F. All students admitted into the University of Houston College of Pharmacy Doctor of Pharmacy program are required to participate in pharmacy practice experiences before graduation. Many hospitals and other health care organizations operating under the Joint Commission of Accreditation of Healthcare Organizations are requiring criminal background checks and/or drug screenings for all individuals who have direct contact with patients, including pharmacy students placed in early/introductory pharmacy practice experience (IPPE) and/or advanced clinical pharmacy practice experience (APPE) assignments at these sites. Currently enrolled students in the College of Pharmacy professional program must annually (and at other times as requested in writing by a hospital or health care organization) satisfactorily complete (submit to and pay for) a criminal background check and/or drug screening from an approved vendor prior to participating in IPPE and/or APPE assignments at these sites. Students will be personally responsible for obtaining background checks and drug screenings (including costs). Results of the background check(s) may be submitted directly to the hospital/health care facility or to the College by the vendor. Upon receipt of criminal history information by the College, the College will pass on the results to the requesting hospitals or health care organizations. The hospital or health care organization will be responsible for determining whether an enrolled student is eligible to participate in the clinical practice experience assignment at the site, and will notify the student and the College of its decision. Students with disqualifying criminal conviction(s) and/or drug screening results as determined by a hospital/health care organization may be prevented from undertaking IPPEs and/or APPEs that are required to complete the pharmacy program at the University of Houston.

- G. All students admitted into the Doctor of Pharmacy program are required to carry and maintain health insurance coverage while enrolled in the program. The UH College of Pharmacy does not endorse any specific carrier and students can either purchase health insurance through the University of Houston or provide proof of comparable insurance through an outside provider. Students must maintain health insurance coverage by a policy that meets or exceeds the coverage provided by the student health insurance offered through the University of Houston. Students must submit proof of current health insurance coverage to the UH College of Pharmacy Student Services Office prior to the first day of each fall semester. Students who do not submit proof of health insurance coverage by the deadline will not be allowed to register and/or attend classes and ultimately may be prevented from undertaking IPPEs and/or APPEs that are required for completion of the Doctor of Pharmacy degree.
- H. The student is responsible for transportation, housing and parking fees if incurred for course work occurring off campus.
- I. The professional curriculum is a year-round program. Summer II, after the second professional year, students complete pharmacy electives and a four-week IPPE in community pharmacy. Summer III, after the third professional year, students begin full-time APPEs.
- J. Some students may be required to take additional English enhancement coursework at their own expense prior to admission into the Doctor of Pharmacy program. I certify that I have read and understand this section.
- K. The University of Houston is an Affirmative Action/Equal Opportunity institution. The university provides equal treatment and opportunity to all persons without regard to race, color, religion, national origin, sex, age, disability, veteran status or sexual orientation except where such distinction is required by law.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____

SECTION XI: CERTIFICATION

I understand that the Admissions Committee regards the application as being complete when all documents have been received; therefore, it is in my best interest to see that these documents are submitted as promptly as possible prior to May 1, 2026. The three letters of reference must be submitted or May 1, 2026. I understand that official transcript(s) must be submitted prior to May 1, 2026 from

each college attended, including the University of Houston. I also understand that transcripts for any additional course work must be submitted at the end of each successive grading period (semester, quarter, etc. for as long as my application is being considered and after acceptance.

If you are denied admission to the UH College of Pharmacy and/or fail to enroll in UH College of Pharmacy, and you wish to pursue a pharmacy degree in a subsequent year, you must reapply to the college and must meet all requirements in place at the time of reapplication.

I certify that I have read and understand this application, and I further certify that the information I have submitted is complete and correct to the best of my knowledge and belief. I agree to communicate promptly to the UH College of Pharmacy in writing or via email any changes in any matters covered herein, or omission of information requested herein. The College of Pharmacy reserves the right to revoke any admission to the University of Houston College of Pharmacy, to refuse to award a degree or to recommend revocation of any degrees earned. I agree that if admitted, I will abide by the rules and regulations of the University of Houston and the University of Houston College of Pharmacy as they are now and may in the future be constituted.

Signature of Applicant

Date

Printed Name

SECTION XII: PERSONAL STATEMENT

1. Submit a personal statement
 - a. Should be 1-2 pages in length, typed, and double-spaced
 - b. Topic should include why you chose pharmacy as a career path and what distinguishes you from other students



College of Pharmacy
UNIVERSITY OF **HOUSTON**