

Senior Student Activities Form

College of Pharmacy
University of Louisiana at Monroe

Student Name: _____

CWID: _____

Please complete this form and then submit to the Office of Professional and Student Affairs via moodle by February 17, 2012. Please save the file you will be uploading as your last name, first initial, middle initial dash, and SAF (for example, MohundroBL-SAF). This form will be distributed to the ULM College of Pharmacy Scholarship Committee.

For each category, some examples are given. This may not be an all-inclusive list, so please add other activities/honors/awards that you think might be appropriate, even if they are not specifically listed.

Pharmacy Areas of Interest

- | | |
|---|---|
| <input type="checkbox"/> Hospital Pharmacy
<input type="checkbox"/> Clinical Pharmacy
<input type="checkbox"/> Home Care/Long Term Care Facilities
<input type="checkbox"/> Consultant Pharmacist
<input type="checkbox"/> Managed Care Pharmacy/Pharmacy Benefits Manager
<input type="checkbox"/> Industry (Pharmaceutical Sales/Marketing)
<input type="checkbox"/> Mail Order Pharmacy
<input type="checkbox"/> Drug Information | <input type="checkbox"/> Pharmacy Association Management
<input type="checkbox"/> Community/Retail Pharmacy
<input type="checkbox"/> Independent Ownership
<input type="checkbox"/> Academia
<input type="checkbox"/> Postgraduate Studies
<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Undecided |
|---|---|

College of Pharmacy (COP) Activities

List all College of Pharmacy student organizations of which you are a member. Don't forget to include honorary societies such as Rho Chi and Phi Lambda Sigma. List any elected/appointed offices held in each organization (include year) and committee work that occurred as a result of membership (such as Project Diabetes, Operation Immunization, Admission Interviews). List any honors/awards you received from COP organizations. Also, list any COP committee work in which you were involved outside of student organizations (Curriculum Committee, Admissions Committee, Deans Advisory Counsel, Honor Board, other committees). List if you were a tutor for any organization.

List COP student organization(s)	Offices or chair appointments (Year)	Committees/Specific Activities

COP Student Organization Award	Date of Award

Other COP committee(s)	Dates

University of Louisiana at Monroe Activities

List any elected/appointed offices at the ULM campus-wide level. List if you participated in any ULM campus-wide committees or were involved in campus-wide student government. List if you were involved in campus-wide organizations/activities such as ULM Band/Athletics, Campus Activities Board, 31 Ambassadors , etc. List if you were selected for Mortar Board or received other honors/awards/recognition at the campus level. Include dates for all.

List campus student organization(s)	Offices or chair appointments (Year)	Committees/Specific Activities

Campus honor societies/award(s)	Date of Award

State or National Professional Organizations

List any elected/appointed offices in professional organizations at the State and/or National level. List your work on any professional association committees. List any professional organization internships completed. List any awards/honors you have received from professional organizations. Include dates.

Name of organization(s)	Office or appointments	Internship/Honor/Award

Community or volunteer activities

List the extent of your work in voluntary community service projects/organizations (including dates of service and number of hours per week). List information about any medical mission work you were involved with. List any honors/awards received due to your community service.

Name of organization(s)	Activity	Dates	Hours Per Week or Month	Recognition Received

Competitive Internships and Patient Care Projects

List any internships for which you have *competed* and been accepted (such as Indian Health Service, a national Association [APhA, ASHP, NCPA], etc.). Also, list special patient care projects through service learning, your internship, a special project or a job you may have had while in school. List any clinical skills or patient counseling competitions that you participated in and your placement in the competitions.

Competitive Internship	Location	Preceptor	Dates

Patient Care Project	Supervisor	Description of Activity	Others Involved

Clinical Skills or Patient Counseling Competition	Dates	Placement in Competition

Research Activities

List research projects you have worked on and faculty members/other students you have worked with. List any presentations or publications. For presentations, list title, authors, when and where presented. For publications, list title, authors and citation information. List honors and/or awards received from research activities.

Research Project	Faculty	Other Students

Presentation Title	Authors	Date	Location

Publication Title	Publication	Citation Information

Research Project	Award

Other Activities

List other activities/honors/awards not covered by the above categories that you believe may be relevant to this submission.

Name of Activity, Honor or Award	Description	Date

Please read the statement below, and check the box if you agree:

All information is true and complete to the best of my knowledge.

Signature