

Integrated Health and Medicine Graduate Certificate Program Application for Admission

University of Colorado
Skaggs School of Pharmacy and Pharmaceutical Sciences
Distance Degrees and Programs
12850 E. Montview Boulevard, Room V20-1116
Aurora, CO 80045
Mail Stop C238-V20
Phone: 303-724-3582
sop.ihm@ucdenver.edu

Please type all information in the form below and submit the application electronically utilizing the Adobe Acrobat® signature process and email to sop.ihm@ucdenver.edu.

Fall (Deadline: July 15th)

If the deadline falls on a weekend or holiday, the deadline is the following business day.

Legal Name _____
First Middle Last

Former/Maiden Last Name: _____

Social Security Number (US) or Social Insurance Number (Canada) _____ - _____ - _____

Permanent Address

Number and Street or P.O. Box

City State/Province Zip Code Country

Mailing Address (If different from permanent address)

Number and Street or P.O. Box

City State/Province Zip Code Country

Home Phone () _____ - _____ **Work/Cell Phone** () _____ - _____

E-mail: _____

How did you hear about this program?

The following information is voluntary and is used for statistical purposes only.

Age and Birth Date: _____ / _____ / _____
 Mo Day Year

Gender: *Female* *Male*

Marital Status: *Married* *Single*

Birthplace: _____ _____
 City State or Country

Number of Dependents: _____

Select one category that most accurately reflects your ethnic background

American Indian or Alaskan Native

_____ _____
Tribal Affiliation Enrollment Number

Asian American

Hawaiian Native or Polynesian

White, not of Hispanic Origin

Black or African American, not of Hispanic Origin

Hispanic, Chicano, Mexican American, Latino

I do not wish to provide this information

Choose one or more of the ethnic terms in the list below that further or better describes your ethnic background.

African American

Caribbean Islander

East Indian

Hawaiian Native

Latino

Puerto Rican

American Indian

Caucasian

Eskimo

Hispanic

Mexican

Samoan

Asian Indian

Chicano

Filipino

Japanese

Micronesian

Thai

Black

Chinese

Guamanian

Korean

Pakistani

White

Cambodian

Cuban

Haitian

Laotian

Polynesian

Vietnamese

Other: _____

CITIZENSHIP

U.S. CITIZEN: If you are a U.S. citizen born outside of the United States, you must provide a copy of your U.S. passport or Certificate of Naturalization.

PERMANENT RESIDENT (IMMIGRANT):

Alien Registration Number: _____

Date of Issue: _____

NON-IMMIGRANT OR TEMPORARY STATUS

Country of Citizenship: _____

Passport Number: _____

ADMISSION LEVEL

NEW APPLICATION

REAPPLICATION

Previously applied to the Integrated Health and Medicine Graduate Certificate Program at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences but did not enroll in courses

Original application year: _____

READMIT

Previously enrolled in the Integrated Health and Medicine Graduate Certificate Program at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences but chose to withdraw or were dismissed from program.

REINSTATEMENT

Previously enrolled in the Integrated Health and Medicine Graduate Certificate Program at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences but have not registered for a course for 3 or more semesters

CU Student Number: _____ - _____ - _____

Last date of attendance: _____

CRIMINAL RECORD

Have you ever been convicted of a felony or are you under the terms of a deferred judgement?

Yes No

If yes, you must include a separate explanation with this application.

PROFESSIONAL LICENSURE

Licensed Practitioner: List state(s)/provinces in which you hold a license to practice medicine, nursing, dentistry or pharmacy.

<i>State/Province</i>	<i>License Number</i>	<i>License Status</i>

Has your license to practice ever been suspended or revoked? Yes No

If yes, you must include a separate explanation with this application.

Student: List current intern license information

<i>State/Province</i>	<i>License Number</i>	<i>License Status</i>

PROFESSIONAL TRAINING HISTORY

Licensed Practitioner: List the accredited medicine, physician assistant, nursing, pharmacy school and dental school(s) from which you graduated.

Student: Indicate the accredited pharmacy school in which you are currently enrolled.

<i>Name of Institution</i>	<i>City and State/Province</i>	<i>Dates of attendance (Mo/Year)</i>	<i>Degree /Date earned</i>	<i>Language of instruction*</i>	<i>Type of system**</i>	<i>Hours completed</i>

* Language of instruction is the language used at the institution where you completed your degree.

** Type of System: Semester (S); Quarter (Q); Trimester (T); Other (O).

PERSONAL STATEMENT OF PROFESSIONAL GOALS

Attach a typed, one-page personal statement that addresses the following questions:

- *Why are you interested in enrolling in the IHM Graduate Certificate Program?*
- *How will the IHM Graduate Certificate help you reach your professional goals?*

PROFESSIONAL WORK EXPERIENCE

All applicants: Attach a copy of your current resume or curriculum vitae. *If applicable, include the following information:*

- *Professional presentations and the group who received the presentation;*
- *Titles and citations for any posters, journal articles, publications, inventions or creative work;*
- *Memberships, offices held and/or committee participation in professional organizations.*

Licensed Practitioner: Include professional work experience/practice since graduating from a baccalaureate or entry-level professional graduate degree.

Student: Include professional work experience/practice since graduating with a bachelor's degree.

PROFESSIONAL PROGRAM TRANSCRIPTS

Licensed Practitioner: Request an official transcript from all accredited, post-secondary colleges and/or universities to be sent directly to the DDP Office.

Applicants who received their undergraduate degree or entry-level professional degree from outside the United States or Canada must have their transcripts evaluated through a [NACES](#) member evaluation service and have the completed program evaluation sent directly to the DDP Office.

Student: Request an official transcript from the school in which the applicant is currently enrolled to be sent directly (see below for mailing address) to the DDP Office.

All applicants: Official transcripts from each institution must be received by the application deadline. Please request college transcripts 2-4 weeks prior to the application deadline. The official transcript for **students** must include all of the PharmD program courses up to the time of submission of this application.

PHOTO IDENTIFICATION

All applicants will submit a current, government-issued photo identification card, e.g. driver's license or passport photo.

LETTER OF RECOMMENDATION

Please provide the name of one individual (not related to you) who knows you well and agreed to submit a recommendation.

Name: _____

Title: _____

For the purposes of consistency, you must **use the standard** University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences Integrated Health and Medicine Recommendation Form, which can be downloaded from the [website](#). Letters submitted in lieu of the recommendation form will not be accepted.

SIGNATURE

I hereby certify, to the best of my knowledge, that the information furnished on this application is true and complete without omission or misrepresentation of facts, and I attest that my statement of professional goals is a document of my own authorship. Furthermore, if any changes occur in the information furnished on this application during the application process or while I am a student at the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, I understand that I am required to report the changes to the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences Distance Degrees and Programs Office within one month. I understand that if I do not adhere to these standards, it is sufficient cause for rejection or dismissal.

Signature of Applicant

Date