



UAMS

COLLEGE OF PHARMACY

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

UAMS

CENTER FOR DIVERSITY AFFAIRS

UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

PCAT Prep Summer Program 2016

Through a partnership between the UAMS College of Pharmacy (COP), UAMS Center for Diversity Affairs (CDA), and National Pharmacists Association of Arkansas (NPAA); the PCAT Prep Summer Program is being offered this summer (2015) to underrepresented minority pre-pharmacy students applying to the College of Pharmacy during the next application cycle for admission to the fall 2017 P1 class. The partnership is based on CDA's outreach and recruitment focus toward the recruitment of underrepresented minority (URM) students, on NPAA's longstanding efforts to provide PCAT prep opportunities to minority students, and on the College of Pharmacy's mission that seeks to "improve health of culturally diverse populations." In conjunction with this mission, the PCAT Prep Summer Program (PPSP) was developed to ensure prospective URM pharmacy school applicants with equal opportunity, and to ensure diversity at UAMS as well as within Arkansas' pharmacy profession. The program includes Kaplan PCAT preparatory sessions, pre-pharmacy workshops, pharmacy shadowing, and a culminating networking reception. All eligible students are encouraged to apply.

Application

The application will be available via hard copy and online at the College of Pharmacy and Center for Diversity Affairs websites. **Applications must be complete and submitted by 5:00 p.m. Monday, May 2, 2016.** Applications, letters of recommendation, and official transcripts should be forwarded to:

*Director of Admissions
College of Pharmacy – Slot # 522
University of Arkansas for Medical Sciences
4301 West Markham • Little Rock, Arkansas 72205-7122*

Academic Requirements

- Minimum GPA – 2.7
- Completion of Chemistry I and II with labs, Biology I w/lab, Calculus I as well as Organic Chemistry I with lab, with a "C" grade or higher. Official transcripts must be submitted.
- Minimum composite score of 20 on the PCAT (if previously taken), or a composite score of 20 on the ACT or 50% on SAT if the applicant has never previously taken the PCAT.
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Program Eligibility

- Status as underrepresented minority (URM) in pharmacy: African American, Hispanic, Native American
- Arkansas residency and U.S. citizenship status in accordance with UAMS Admission Requirements
- Priority will be given to applicants who have previously taken the PCAT and applied to pharmacy school
- Students will be required to remit a \$199 deposit, which will be due only upon enrollment in the program. Deposits must be paid by check, and will be refunded at the end of the program on the condition of 100% attendance

Important Dates

Application Deadline
Student Notification of Acceptance to Program

Monday, May 2, 2016
Friday, May 13, 2016

Program Curriculum

The program consists of 17 Kaplan sessions, 3 workshops, at least one shadow experience and a culminating networking reception. Workshop attendance is mandatory. Program participants must complete at least one shadow experience during the program cycle. The program will close with a Thursday evening networking reception on the campus of UAMS.

KAPLAN Course Curriculum

Session 1 - Diagnostic Exam	Session 10- Reading Comprehension 2
Session 2 – PCAT Strategy 1/Reading Comprehension 1	Session 11 – Biology 2
Session 3 - Biology 1	Session 12 - General Chemistry 2
Session 4 – General Chemistry 1	Session 13 – Schedule Your Organic Chemistry 2 Flex
Session 5 – Schedule Your Organic Chemistry 1 Flex 1	Session 14 – Verbal Ability 2 / Writing 2
Session 6 – Verbal Ability 1 / Writing 1	Session 15 – Quantitative Ability 2 / PCAT Strategy 2
Session 7 – Quantitative Ability 1	Session 16 – Schedule Your Calculus Flex
Session 8 – Schedule Your Biochemistry Flex	Session 17 – Full Length 2 Exam
Session 9 – Full Length 1 Exam	

Shadow Experience

Students will shadow a pharmacist at least once during the course of the program. The CDA will provide PPSP students an outline of shadow resources and scheduling options. PPSP students will be responsible for arranging their own shadow appointments from the list of mentor resources provided or with a program-approved pharmacist the student coordinates with independently. In order for students to be credited with 100% attendance, at least one shadow experience must be completed and documented.

Representatives from institutional and professional pharmacy organizations will be invited to a reception to provide students an opportunity to meet and visit with pharmacists representing the UAMS College of Pharmacy, the NPAA, CDA staff, SNPhA pharmacy students, and other pre-pharmacy students. Presence is mandatory for students to be credited with 100% attendance.

Program Schedule

All session will be held on the campus of UAMS unless otherwise noted.

SESSION	DAY	DATE	TIME	LOCATION
WORKSHOP I: UAMS/Program Orientation, Application & Professionalism, Admissions, Financial Aid	Wednesday	June 1, 2016	5:00 – 7:00 p.m.	UAMS College of Pharmacy – 6 th FL Conference Room
WORKSHOP II: Mock Interviews	Wednesday	June 15, 2016	5:00 – 7:30 p.m.	UAMS College of Pharmacy – 6 th FL Conference Room

5. List all colleges and universities attended in chronological order (most recent first):

INSTITUTION NAME	CITY/TOWN	STATE/PROVIDENCE	COUNTRY
DATES ATTENDED (MONTH AND YEAR)	FIELD OF STUDY	SPECIFY DEGREE	
INSTITUTION NAME	CITY/TOWN	STATE/PROVIDENCE	COUNTRY
DATES ATTENDED (MONTH AND YEAR)	FIELD OF STUDY	SPECIFY DEGREE	
INSTITUTION NAME	CITY/TOWN	STATE/PROVIDENCE	COUNTRY
DATES ATTENDED (MONTH AND YEAR)	FIELD OF STUDY	SPECIFY DEGREE	
INSTITUTION NAME	CITY/TOWN	STATE/PROVIDENCE	COUNTRY
DATES ATTENDED (MONTH AND YEAR)	FIELD OF STUDY	SPECIFY DEGREE	
INSTITUTION NAME	CITY/TOWN	STATE/PROVIDENCE	COUNTRY
DATES ATTENDED (MONTH AND YEAR)	FIELD OF STUDY	SPECIFY DEGREE	

6. Please request that a copy of your official transcript be sent to **Director of Admissions, College of Pharmacy, UAMS, 4301 West Markham - #522, Little Rock, Arkansas 72205-7122.**

7. Personal Statement

- Completed applications must include a printed or typed (250 words or less) statement that answers the following question: *Why are you interested in the profession of pharmacy?*
- Send personal statement together with completed application form to **Director of Admissions, College of Pharmacy, UAMS, 4301 West Markham - #522, Little Rock, Arkansas 72205-7122.**

8. Recommendations:

- Completed applications must include one letter of recommendation from a college/university instructor or advisor, a pharmacy professional, public service reference.
- A form is attached to be completed by the recommending party, which should be completed and sent to **Director of Admissions, College of Pharmacy, UAMS, 4301 West Markham - #522, Little Rock, Arkansas 72205-7122.**



PCAT PREP SUMMER PROGRAM

RECOMMENDATION FORM

Section I

Applicant Information

NAME (PLEASE TYPE OR PRINT)

SIGNATURE

Section II

To be completed by a college/university instructor or advisor, and a second person of applicant's choice (preferably a pharmacist)

- In what capacity and how long have you known the applicant?
- How firm is the applicant's commitment to his/her proposed field of study?
- Please rate the applicant the following areas:

	Excellent	Very Good	Average	Below Average	N/A
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purpose Driven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please cite specific examples of how the applicant has demonstrated the qualities listed in Question 3.

5. Additional Comments

Section III

Reference Contact Information & Signature

Name: _____ Title/Position: _____

Signed: _____ Date: _____

Institution: _____

Telephone: _____ Fax: _____

Email: _____

Please return completed recommendation form to:

Director of Admissions College of Pharmacy

Attn: Angie Choi

**#522 University of Arkansas for Medical
Sciences**

4301 West Markham

Little Rock, Arkansas 72205-7122

APPLICATION DEADLINE: Monday, May 2 2016 @ 5:00 p.m.