

SUPPLEMENTAL FORM**DALHOUSIE UNIVERSITY
FACULTY OF HEALTH PROFESSIONS
COLLEGE OF PHARMACY**

ALL APPLICANTS TO THE COLLEGE OF PHARMACY ARE REQUIRED TO COMPLETE THIS SUPPLEMENTAL FORM.

PLEASE PRINT

1. **Name** _____
 Address: _____
 Phone: _____ **E-mail** _____
2. **Have you applied to the Pharmacy program before? Yes**____ **No**____
3. **What years?** _____

SECTION A REFERENCES – Three (3). Two must be work related (paid or volunteer) and the third can be personal. Letters of Reference are not required.

1. **Name:** _____
 Title: _____ **Company Name:** _____
 Full Address (Work or home): _____
 Phone No (work): _____ **or (home):** _____
 Fax: _____ **E-Mail:** _____
 Special contact information or schedule: _____
2. **Name:** _____
 Title: _____ **Company Name:** _____
 Full Address (Work or home): _____
 Phone No (work): _____ **or (home):** _____
 Fax: _____ **E-Mail:** _____
 Special contact information or schedule: _____
3. **Name:** _____
 Title: _____ **Company Name:** _____
 Full Address (Work or home): _____
 Phone No. (work): _____ **or (home):** _____
 Fax: _____ **E-Mail:** _____
 Special contact information or schedule: _____

SECTION B
AFFIRMATIVE ACTION ADMISSIONS POLICY

The College of Pharmacy has an affirmative action admission policy for residents of the three Maritime Provinces who belong to the indigenous Black and Aboriginal population.

Do you wish your application to be considered under the College's Affirmative Action Policy?

Yes_____ No_____

If so, please indicate which group. _____

SECTION C

PUBLIC SAFETY AND CRIMINAL CONVICTIONS

The Faculty of Health Professions of Dalhousie University does not require a Criminal Records Check or other screening procedures (eg. Vulnerable Sector Screen) as a condition of admission into its programs. However, **students should be aware that such record checks or other screening procedures may be required by facilities outside the University used for clinical, fieldwork or co-op placements or experiences related to an academic course assignment, which, in some instances, may be a requirement for graduation.** It is the student's responsibility to have such procedures completed.

Such facilities may refuse to accept students on the basis of information contained in the record check or other screening procedure. If the student is unable to complete a clinical requirement due to a failure to meet the record check or screening requirements of the facility, or if the student is refused access to the facility on the basis of the information provided, such a student may fail the course, and as a result, in some instances, may not be eligible for progression or graduation.

Students should check with their School/College for details concerning any record checks or screening requirements relevant to clinical, fieldwork, or placements in their program. Note that the facility requirement may change from time to time and are beyond the control of the University.

Students should also be aware that some professional regulatory bodies may require a satisfactory record check as a condition of professional licensure.

Please sign and return this questionnaire to the Registrar's Office with your application form.

Signature

Date