Application for Admission to Doctor of Pharmacy Program

International Pharmacist Application
International pharmacists are those individuals who currently live in the United States and have received an undergraduate degree in and their pharmacy license from a recognized school of pharmacy outside of the U.S., the District of Columbia, and Puerto Rico.
www.pharmacy.umaryland.edu/academics/pharmd/international pharmacist-applications

Please note if you are not an International Pharmacist you will need to apply directly to PharmCAS. To apply to the School of Pharmacy as an international pharmacist,

complete the application below and submit the additional documentation by April 1, 2022.
Biographic Information

First Name

Last Name

Address

City

State

Postal code

Country/Region

Email address

Date of Birth (MM/DD/YYYY)

Preferred Phone Number
Alternate Name (Check any that apply)

☐ I have materials under another name (for example a maiden name, middle name or nickname)

☐ I have a name (first, middle) that I commonly use that differs from my legal name

What name may other materials be under?

What is your preferred name?

Race, Ethnicity & Gender

Please select one or more of the following groups in which you consider yourself to be a member.
Sex: What is your current legal sex? This information is required for reporting purposes to the U. S. Federal Government using these values only.

- Male
- Female
- Decline to State

Gender Identity: We understand that your sex may not necessarily be binary. How do you describe your current gender identity? Select all that apply.

- Female/Woman
- Male/Man
- Non-Binary/Third gender
- Trans female/Trans woman
- Trans male/Trans man
- Prefer to self-describe
- Please specify your self-described gender identity:
**Education History**

List ALL educational institutions (colleges, universities, professional schools) that you have attend or are currently attending. List most recent institutions first.

Institution 1

Name of Institution

Location (City, State, Country)

Degree

Attendance Dates

Institution 2

Name of Institution
Institution 3

Name of Institution

Location (City, State, Country)

Degree

Attendance Dates

Citizenship Information

United States Citizenship Status
Country of Citizenship

Type of VISA and Issue Date

Permanent Resident Alien Registration Number & Expiration Date

Uploads and additional items
Personal Statement/Letter of Intent

Resume/CV

Copy of your Pharmacy License

We require a letter of recommendation from a professional reference (work or education). Please indicate name and email of recommender below and ask recommender to email letter directly to: patrice.sharp@rx.umaryland.edu

Name of Reference

Email of Reference
Please submit the following additional items below to:
University of Maryland School of Pharmacy
Attn: Admissions
20 N Pine St., Ste. S722
Baltimore, MD 21201

- Check or money order for $160 made payable to the University of Maryland
- Official copies of all transcripts from your pharmacy school and college-level education. Foreign transcripts must be evaluated by a transcript evaluation service.
- A **PCAT** exam is recommended. Submit results of PCAT using ID code 160: U of MD - Intrl Pharmacist
- A **TOEFL** exam is recommended, not required. The TOEFL code for the PharmD program is institution code 5848, Dept. 47
- A statement of financial security that asserts that you will be able to cover average yearly expenses for the PharmD program.
- A letter of recommendation from a professional reference (work or education). Have recommender email letter to: patrice.sharp@rx.umaryland.edu
- Complete the **Supplemental Application** online. Enter the code INTLPHARM as your PharmCAS Identification Number.
- If you are a Maryland Resident, you must complete the UMB Application for **In-State Status** form.

For your reference, this information will be sent in a confirmation email.

Statement of Fact
I certify that the information recorded on this application is correct. I understand that failure to give complete and accurate information on this application will result in the immediate cancellation of my application. I agree to abide by the rules, policies, and regulations of the University of Maryland if I am admitted as a student. If the conditions change, I will notify the University in writing within 15 days of such change.

SIGN HERE

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SIGN HERE