

**AFFIDAVIT AND RELEASE AUTHORIZATION
2008 APPLICATION FOR ADMISSION
PROFESSIONAL PHARMACY PROGRAM**

Applicants to the College of Pharmacy are seeking admission to a professional program where students ultimately earn credentials in a licensed, highly-regulated profession that is distinguished by its professional standards which underscore the importance of ethics, integrity and professional conduct. As part of the educational program, pharmacy students assume professional responsibilities such as dispensing medications, providing information to other health care professionals and patient counseling under the supervision of a licensed pharmacist. By assuming these responsibilities, pharmacy students are obligated to follow the same professional and ethical standards as their licensed counterparts. Students must also understand their unique responsibilities regarding personal behavior which affects professional conduct, such as substance abuse and chemical dependence. When applying for licensure as a pharmacy intern, as a student, or when applying for licensure as a pharmacy graduate, applicants must provide information that may impair their ability to assume their professional responsibilities. Because pharmacy students must have a valid intern license issued by the State of Utah Department of Commerce as overseen by the Board of Pharmacy, applicants are required to complete the following affidavit and release authorization as part of the application process to the College of Pharmacy Professional Program. Admission into or graduation from the University of Utah Professional Pharmacy Program does not guarantee licensure as a pharmacy intern or pharmacy graduate.

Answer “**yes**” or “**no**” for each of the following questions. Do not leave any question blank. If the answer to any question is “**yes**,” please provide **hand written information separate from the application**. This statement should include complete information with respect to all circumstances, status of any disciplinary or legal actions and final resolutions, if such have been reached. A “**yes**” answer to any of the following questions does not necessarily disqualify an applicant from consideration for admission to the College of Pharmacy Professional Program; however, additional documentation may be requested by the College of Pharmacy Admissions Committee if the information submitted is insufficient. Should the College of Pharmacy determine that an applicant failed to fully disclose requested information, admission to the Professional Program may be rescinded or the applicant dismissed from the Program.

CIRCLE YES OR NO FOR EACH QUESTION. DO NOT LEAVE ANY QUESTION BLANK.

1. YES NO Have you applied for a license (or bonding) or received a license (or bonding) to practice a licensed (or bonded) profession under any name other than the name listed on this application?
2. YES NO Have you ever been denied the right to sit for a licensure examination for a licensed profession?
3. YES NO Have you ever had a license, certificate, permit, registration (or bonding) to practice a licensed (or bonded) profession or employment denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way?
4. YES NO Have you ever been permitted to resign or surrender your license (or bonding) to practice a profession or retain employment while under investigation or while action was pending against you by any professional licensing agency or criminal and/or administrative jurisdiction?
5. YES NO Are you currently under investigation or is any disciplinary action currently pending against you by any professional licensing (or bonding) agency?
6. YES NO Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
7. YES NO Have you ever been named in any action by either the Federal Drug Enforcement Agency or any state drug enforcement agency?
8. YES NO Are any actions pending against you now by either the Federal Drug Enforcement Agency or any state drug enforcement agency?
9. YES NO Have you ever used or abused drugs that are not available on prescription or without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

10. YES NO Have you ever failed to successfully complete or left a supervised prescription and/or nonprescription drug or alcohol rehabilitation program, or otherwise not been successfully rehabilitated for prescription and/or nonprescription drug or alcohol abuse?
11. YES NO Have you ever been charged with or plead guilty to, plead nolo contendere (no contest) to, accepted a plea bargain for, or been convicted of any felony or misdemeanor in any jurisdiction? You should include in your response any juvenile or adult charges, pleas, and convictions that have not been annulled, expunged, or sealed by court. Minor traffic offenses such as speeding tickets or parking tickets need not be disclosed.
12. YES NO Have you ever been involved as the abuser in any incident of verbal, physical, mental or sexual abuse?
13. YES NO Have you ever been disciplined by, suspended, or dismissed (terminated) from employment, volunteer organization or educational institution because of drug or alcohol use or abuse?
14. YES NO Have you ever been sanctioned or disciplined for cheating or plagiarism at a college or university?
15. YES NO Have you ever been incarcerated for any reason in any federal, state or county correctional facility?

AFFIDAVIT AND RELEASE AUTHORIZATION

By signing this document, I declare that:

I am the applicant described and identified on this application for admission into the University of Utah College of Pharmacy Professional Program.

I am qualified in all respects for admission to the program for which I am applying in this application.

To the best of my knowledge, the information contained in this application and its supporting document(s) is free of fraud, misrepresentations, or omission of material fact.

To the best of my knowledge, the information contained in this application and its supporting document(s) is truthful, correct and complete, as well as discloses all material facts regarding myself as the applicant.

I will ensure that any information subsequently submitted to the College of Pharmacy in conjunction with this application or any supporting documents meets the same standard as set forth above.

I understand that it is unethical to apply for admission to the College of Pharmacy through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

By signing this document, I authorize persons, institutions, organizations, schools, governmental agencies, employers, or references to release to the College of Pharmacy Professional Program Admission Committee any files, records of information of any type that may be reasonably required for the Committee to properly evaluate my qualifications for admission into the Program of the College of Pharmacy. Please mail this signed document to the Admissions Office, College of Pharmacy, 30 South 2000 East, Room 201, Salt Lake City, UT 84112.

Name (type or print)

Signature

Date

Admissions ID Number (p0X-XXXX)