Thank you for your interest in our Post-Baccalaureate Pharmacy Program. Please note that we only have space for three post-baccalaureate students per year. In recent years, NDSU has received over 50 applications for our three positions.

What information do I need when applying for the Post-Baccalaureate program?

1. Deadline is December 15. All materials must be post-marked by December 15.
2. You must apply to NDSU and to the College of Pharmacy, Nursing, and Allied Sciences. Each application requires an admission fee. The application fee for the College of Pharmacy, Nursing, and Allied Sciences is $200 and non-refundable.
   a. Web Address for NDSU International Admission (F-1, H-4, etc...)
      http://www.ndsu.edu/International/admission.shtml
   b. Web Address for NDSU Admission (citizen or permanent resident)
      http://www.ndsu.edu/prospective_students/
3. References - We require three references (forms on our web page).
4. Transcripts - You must request official transcripts be sent to us and to the Office of International Programs if you are an international student, or to the NDSU Admission Office if you are a citizen or permanent resident.
5. Your cumulative GPA must be a 3.5. or higher.
6. If you received a Bachelor’s degree in pharmacy from a country other than the United States, you must request an official evaluation (WES or ECE) be sent to us and to the Office of International Programs if you are an international student, or to the NDSU Admission Office if you are a permanent resident.
7. We require the PCAT (Pharmacy College Admission Test). You must request an official PCAT be sent to our college. We will accept scores back to June of 2005. A minimum of 35% is required on the composite percentile score.
8. We require the TOEFL. You must request an official TOEFL be sent to our college and to Office of International Programs if you are an international student, or to the NDSU Admission Office if you are a permanent resident.
9. We require that you send a current photograph along with the pharmacy application to our college.
10. You must submit either a CD or a DVD (video and audio) with a maximum two minute recording explaining why you are interested in North Dakota State University and our Post-Baccalaureate Pharmacy Program.
11. For students accepted to the program, they are assessed the following fees:
   a. Tuition
   b. A non-refundable deposit fee of $500 to assure a place in the class. This fee will be applied to the programmatic fee for the first semester of the professional program.
   c. An annual programmatic fee. Funds from this fee provide financial resources to sustain the quality of the programs provided to students. This fee is equivalent to the in-state North Dakota tuition. It is reassessed annually.
   d. An annual intern fee. A $100 fee for licensure as a student intern is required by the North Dakota Board of Pharmacy for each year of enrollment.

Who can apply to the Post-Baccalaureate Pharmacy program?

The Post-Baccalaureate Pharmacy Program is available to those who have a Bachelor’s degree in pharmacy and are registered pharmacists. However, applicants must have already received their Bachelor’s degree in pharmacy at the time of application to our program.
**TOEFL - What is the minimum score you will accept? What is the oldest you will accept?**  
The minimum score we accept is 197 (computer based test); 525 (paper based test); 71 (IBT - Internet based test). We accept TOEFL scores taken within 3 years of the application date.

**Do I apply as an undergraduate or graduate?**  
You would apply to NDSU as an undergraduate transfer student.

**Do I need to pay the application fee of $35 for application to NDSU if I already paid the $200 application fee to the College of Pharmacy, Nursing, and Allied Sciences?**  
Yes, both application fees are required.

**When will a decision on admission be made by the College of Pharmacy, Nursing, and Allied Sciences?**  
The applicant will be notified of their acceptance to the College prior to June 1st. However, a decision cannot be made for the post-bacc program until your application for general admission is complete through the Office of International Programs.

**How many students do you accept?**  
We accept up to three students each year.

**How many years does it take to complete the program?**  
The program is three years in length for applicants licensed outside the United States who desire to become licensed in the United States. For applicants who are licensed in the United States, the program is at least two years in length.

**What does P1, P2, P3 mean?**  
The first year (P1), second year (P2), and third year (P3) of the professional program is focused on didactic education on campus. Instead of junior or senior status, students in the professional program are referred to by this. It corresponds with the year in which they are currently enrolled.

**How do rotations in the P4 year work?**  
The P4 or fourth year is made up of 6 five week rotations which is focused on experiential training with qualified preceptors at various practice sites. A wide variety of experiential rotation offerings are available to students. Students should plan to travel outside the Fargo-Moorhead area to fulfill their experiential program requirements.

**How do I get an advisor from Sudro Hall?**  
All post-baccalaureate pharmacy students are assigned to Dr. Miller, Chair of the Department of Pharmacy practice.

**What electives to I have to take?**  
A minimum of four credits of professional electives are required for graduation with the Pharm.D. degree.

**Where can I find housing on campus?**  
Apply for housing at: http://www.ndsu.edu/International/int_students/new_stu_info/housing.shtml

**Where can I find a job?**  
NDSU Career Center at:  
http://www.ndsu.edu/International/int_students/employment/on_campus.shtml  
http://www.ndsu.edu/International/int_students/employment/off_campus.shtml

revised June 2008
## POST-BACCALAUREATE PHARMACY PROGRAM CURRICULUM

Curriculum for Non U.S. licensed students who desire to become licensed in the United States

<table>
<thead>
<tr>
<th>YEAR ONE (24 credits)</th>
<th>FALL</th>
<th>SPRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phrm 351/L, Pharmaceutical Care I</td>
<td>2 cr</td>
<td>Phrm 352/L, Pharmaceutical Care II</td>
</tr>
<tr>
<td>Phrm 451, Pharmaceutical Care III</td>
<td>1 cr</td>
<td>Phrm 452, Pharmaceutical Care IV</td>
</tr>
<tr>
<td>Phrm 534, Rheumatology/Endocrine</td>
<td>2 cr</td>
<td>Phrm 471, Clinical Pharmacokinetics</td>
</tr>
<tr>
<td>Phrm 538, Cardiovascular/Pulmonary</td>
<td>4 cr</td>
<td>Phrm 480, Drug Literature Eval.</td>
</tr>
<tr>
<td>Elective *</td>
<td>3 cr</td>
<td>Phrm 537, Renal/Fluids &amp; Electro.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elective *</td>
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<tr>
<td>TOTAL</td>
<td>12 cr</td>
<td>TOTAL</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR TWO (24 credits)</th>
<th>FALL</th>
<th>SPRING</th>
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</thead>
<tbody>
<tr>
<td>Phrm 551/L, Pharmaceutical Care V</td>
<td>2 cr</td>
<td>Phrm 552/L, Pharmaceutical Care VI</td>
</tr>
<tr>
<td>Phrm 532, Infectious Disease</td>
<td>3 cr</td>
<td>Phrm 520, Pediatrics/Gerontology</td>
</tr>
<tr>
<td>Pharm 535, Neoplastic Disease</td>
<td>2 cr</td>
<td>Phrm 536, Neurology/Psychiatry</td>
</tr>
<tr>
<td>Phrm 572, Pharmacy Law</td>
<td>2 cr</td>
<td>Phrm 558, Nutrition/GI</td>
</tr>
<tr>
<td>Elective *</td>
<td>3 cr</td>
<td>Elective *</td>
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<tr>
<td>TOTAL</td>
<td>12 cr</td>
<td>TOTAL</td>
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</table>

<table>
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<tr>
<th>YEAR THREE (30 credits) Advanced Practice Rotations I and II</th>
<th>SUMMER</th>
<th>FALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phrm 581, Clinical Clerkship I</td>
<td>15 cr</td>
<td>Phrm 582, Clinical Clerkship II</td>
</tr>
</tbody>
</table>

(Total of 6 rotations - 4 required [adult medicine, rural, community, hospital] and 2 elective)

* Electives are not required for your degree program but need to be taken to fulfill 12 credits per semester. Either pharmacy or non-pharmacy credits may be taken. If you wish to take pharmacy management classes, we recommend you take Phrm 352 for 1 credit your first spring semester, Phrm 475 in the fall semester of the second year, and Phrm 575 in the spring semester of the second year.
This application must be completed and submitted to the College of Pharmacy, Nursing, and Allied Sciences by individuals who wish to be considered for the Post-Baccalaureate Doctor of Pharmacy Program. It is one part of the application process: a formal NDSU application for admission MUST be submitted in addition to this application by all applicants, with the exception of former NDSU students. Non-NDSU students may obtain University application forms from either the University Office of Admission or the Office of International Programs. Please submit the following:

1. Current photograph of yourself
2. Official transcripts of all undergraduate/graduate study
3. Three letters of recommendation
4. A DVD or CD video and audio recording stating why you are interested in North Dakota State University and our Doctor of Pharmacy program (maximum of two minutes).
5. The TOEFL is required for applicants who are foreign pharmacy graduates. We accept TOEFL scores taken within three years of the application date.
6. The Pharmacy College Admission Test (PCAT) is required for all applicants. The latest exam that we will accept is October 2008. We will accept older PCAT scores provided the results are not more than three years old (June 2005).
7. A $200.00 non-refundable application fee must be submitted with this application. Remittance by bank draft, money order or personal check should be made to the NDSU College of Pharmacy, Nursing, and Allied Sciences. Payment of the University’s application fee does not exempt applicants from payment of this fee.

All information provided by the applicant will remain confidential. The application must be post-marked by December 15.

NOTE - NEW ADDRESS - Please send ALL materials and inquiries to: Post-Baccalaureate Doctor of Pharmacy Program, College of Pharmacy, Nursing and Allied Sciences, NDSU, Dept #2650-Dean’s Office, PO Box 6050, Fargo ND 58108-6050. Please use this complete address. Failure to do so will result in a delay at the Post Office.

(PLEASE TYPE)

Name ____________________________
(last) (first) (middle)

Present Address ____________________________
(street) (city) (state) (zip) (country)

Phone (____) __________ __________
area code

Permanent address ____________________________
(street) (city) (state) (zip) (country)

Phone (____) __________ __________
area code

E-mail address: ____________________________

Social Security Number ____________________________
NDSU ID ____________________________

Applying for Fall Semester 20 ______

Are you currently enrolled in a pharmacy degree or graduate program?

No ____ Yes ____ If yes, at what institution? ____________________________
Current pharmacy licensure in United States: Yes ___ No __; in what state ______________________

Current pharmacy licensure in country other than United States: Yes ___ No ___; in what country: ______________________

Are you a U.S. citizen? Yes ___ No ___ If no, in what country do you hold citizenship? _______________

If not a U.S. citizen, are you a permanent resident? Yes ___ No ___

List the university in which you received your bachelor’s degree in pharmacy, in addition to any other colleges, universities or vocational institutions you have attended in order of most recent attendance (including NDSU if you are a current or former student):

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates attended</th>
<th>Degree</th>
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<tbody>
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</table>

List all professional experience beginning with the most recent:

<table>
<thead>
<tr>
<th>Position Held</th>
<th>Location</th>
<th>Dates</th>
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<tbody>
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</table>

List names of three persons familiar with your past academic or professional work. It is your responsibility to have these individuals send the completed reference form to the College of Pharmacy, Nursing, and Allied Sciences Admissions Committee. Please use the form that is available on our web site.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Mailing Address</th>
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</tbody>
</table>

I certify that the information provided is true to the best of my knowledge.

_________________________  ________________________
Signature                  Date

North Dakota State University is an Equal Opportunity Institution  9/2008
North Dakota State University  
College of Pharmacy, Nursing, and Allied Sciences  
Fargo, North Dakota  

Reference Request Form for Applicant to Post-Baccalaureate Pharm.D. Program

To be completed by applicant: Please print or type

Name of Applicant:  
First Name MI Last Name  

Street Address or P.O. Box  
City State Zip Telephone #  

I waive the right to review this recommendation  

To be completed by individual providing reference:

Please complete and return this reference form to:  
Dr. Kimberly Halbur, Chair  
Admissions Committee  
701-231-7601 Office  
701-231-7606 Fax  
Associate Dean for Student Affairs  
NDSU College of Pharmacy, Nursing, and Allied Sciences  
Dept 2650 - Dean’s Office  
PO Box 6050  
Fargo ND 58108-6050  

Applicants to the Post-Baccalaureate Pharm.D. Program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for this program. The recommender is asked to make a frank appraisal of the applicant’s character, personality, abilities and suitability for a post-baccalaureate Pharm.D. program. All comments and information provided will be kept in strictest confidence. Deadline for submission is February 1.

Please complete the following:

I have known the applicant for approximately [ ] months [ ] years. My relationship to the applicant was (or is) in the following capacity:

- [ ] faculty advisor  
- [ ] employer  
- [ ] clerkship preceptor  
- [ ] supervisor  
- [ ] other faculty relationship  
- [ ] other (please specify)  

I know him/her:  
- [ ] very well  
- [ ] fairly well  
- [ ] only casually  

Please indicate your assessment of the applicant’s capabilities and potential as a student by placing an "x" in the appropriate box. If you prefer, you may write a separate letter in addition to the following section.

<table>
<thead>
<tr>
<th>CHARACTERISTICS EVALUATED</th>
<th>UPPER 10%</th>
<th>UPPER 25%</th>
<th>UPPER 50%</th>
<th>LOWER 50%</th>
<th>NO BASIS FOR JUDGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic ability</td>
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<td>Quality of work</td>
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<td>Written communication skills</td>
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<td>Oral communication skills</td>
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<td>Leadership skills</td>
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<td>Ability to work with patients</td>
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<td>Dependability</td>
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<td>Willingness to accept constructive criticism</td>
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<tr>
<td>Personal appearance &amp; professional demeanor</td>
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<td>Commitment to professional practice</td>
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<tr>
<td>Integrity</td>
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<tr>
<td>Judgement &amp; common sense</td>
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</table>
Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a post-baccalaureate Pharm.D. program?

Other comments:

Recommendation for post-baccalaureate Pharm.D. program. Please check appropriate choice.

☐ I highly recommend this applicant  ☐ I recommend this applicant but with some reservation
☐ I recommend this applicant  ☐ I am not able to recommend this applicant

_________________________________________  __________________________
Signature of Recommender                     Date

_________________________________________
Name - typed or printed

_________________________________________
Telephone

_________________________________________
Title and affiliation

_________________________________________
Street address or P.O. box

_________________________________________
City                                        State                                      Zip