

Supplemental Form

College of Pharmacy, Faculty of Health

Applicants to the College of Pharmacy must submit this supplemental form before **February 1**. Please send this form directly by email to **Pharmadm@Dal.ca**

Please note: The supplemental form is **not** the application to the program. To apply, please visit:
www.dal.ca/apply

Full Name: _____	Student ID Number (Dalhousie Students Only)
Address: _____	B00 _____
_____	Email: _____
_____	Preferred Phone #: _____
Province of Permanent Residence: _____	Preferred Pronoun: _____

EQUITABLE ADMISSIONS

The College of Pharmacy has an equitable admissions policy for applicants who self-identify as belonging to historically underrepresented groups: persons of Aboriginal/Indigenous ancestry (especially Mi'kmaq), members of racialized groups, persons of African descent (especially African Nova Scotians), Acadians, and persons belonging to sexual orientation and/or gender identity (SOGI) minority groups.

If you wish your application to be considered under the College's Equitable Admissions Policy, please indicate with which group(s) you self-identify:

- Persons of Aboriginal/Indigenous ancestry
- Persons of African descent
- Acadians
- Persons belonging to sexual orientation and/or gender identity (SOGI) minority groups
- Members of racialized groups (Please specify): _____

LANGUAGE REQUIREMENTS

The English/French requirement for licensure may be different to those required for entrance to the University. Licensure to practice in a province requires meeting the language proficiency requirements established for the profession by the government in that specific province.

PUBLIC SAFETY AND CRIMINAL CONVICTIONS

The Faculty of Health does not require a Criminal Records Check or other screening procedures (e.g. 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:** The facility requirements may change 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 as a student or pharmacist.**

IMMUNIZATION

All students are required to complete and submit proof that they have met the immunization requirements for the Faculty of Health. Students must be able to meet the immunization policy of the Dalhousie University Faculty of Health as well as any additional occupational health or public health screening requirements that may be required by a clinical rotation site. Failure to meet occupational health and/or public health and/or immunization requirements may result in the delay, cancellation or failure of a clinical rotation.

PEP (PRACTICE EXPERIENCE PROGRAM)

Pharmacy students will complete five clinical rotation courses as part of PEP (Practice Experience Program). These clinical rotation courses are mandatory and may require students to travel or relocate outside of the Halifax Regional Municipality, Nova Scotia, or the Maritimes. All fees, costs and expenses associated with clinical rotation courses are the responsibility of the student.

I have read and understood the above sections, and attest that the information I have provided is true.

Signature _____

Date _____