



## Conditional Acceptance Confirmation PharmD Class of 2021

Congratulations on your conditional acceptance. Please initial and/or sign where indicated then return this form to Candace Smigla ([candace.smigla@uky.edu](mailto:candace.smigla@uky.edu)) or fax to 859.257.7297.

---

Please initial in the space provided by each statement.

(\_\_\_\_\_) I hereby acknowledge that I have received the web address for the Student Handbook and have read the policy/code that applies to me regarding:

1. College of Pharmacy Honor Code page 32
2. Student Rights and Responsibilities page 16
3. Health Care Colleges Code of Student Professional Conduct page 16
4. UK Behavioral Standards in Patient Care page 16
5. Code of Student Conduct page 16
6. Health Insurance Portability and Accountability Act (H.I.P.A.A.) page 9
7. Bloodborne Pathogens page 11
8. Technical Standards (Currently under revision will be updated in Spring 2017) page 20
9. Required Assignments page 51

Policy Statement:

The items listed above are part of the stipulations that apply to all students enrolled in the University of Kentucky College of Pharmacy. These documents may be revised regularly. Students are held to the most recent revision upon approval of those revisions by the appropriate University governing body regardless of the date of admission to the College or the date of enrollment in courses offered by the College. By enrolling in any course in the College, pharmacy students acknowledge that they are held accountable under the most recent versions of the documents listed above, are expected to be familiar with each, and uphold and maintain these specific standards and the intent of these standards at all times.

(\_\_\_\_\_) I accept the offer of conditional admission into the Doctor of Pharmacy program at the University of Kentucky College of Pharmacy, which will commence in the Fall 2017 semester.

(\_\_\_\_\_) I understand that my acceptance for admission to the University of Kentucky College of Pharmacy's PharmD degree program is contingent, if I am currently or will be enrolled in coursework prior to matriculation, upon my continued strong academic performance the remainder of the school year. Any decline in my academic performance, failure to complete the required prerequisite courses or a relevant change in my status may result in the offer of admission being rescinded.

(\_\_\_\_\_) I understand that final official transcripts must be received by the University of Kentucky College of Pharmacy no later than June 15, 2017. PharmCAS does not forward transcripts to the College of Pharmacy, so I must request and insure that they are sent by all of the schools I have attended.

(\_\_\_\_\_) I have read the Criminal Background Check and Drug Screen policy and agree to stipulations of the policy. I understand that I must complete a Criminal Background Check and Drug Screen with acceptable results as a condition of admission- prior to matriculation and enrollment in the College of Pharmacy. I further agree and understand that if the results of my CBC and DS are determined unacceptable by College officials that my offer of admission will be rescinded.

(\_\_\_\_\_) I hereby acknowledge that I have read the Criminal Background Check and Drug Screen policy of the University of Kentucky College of Pharmacy. I understand and agree to abide by and support the policy throughout my enrollment in the College. I also understand that the maximum penalty for an infraction of the CBC/DS policy is dismissal from the College.

(\_\_\_\_\_) I hereby acknowledge that I have read the Honor Code and the description of the Honor Code System of the University of Kentucky College of Pharmacy. I understand and agree to abide by and support the Honor Code throughout my enrollment in the College. I understand also that the maximum penalty for an infraction of the Honor Code is dismissal from the College.

(\_\_\_\_\_) I hereby acknowledge that I have read the Health Care Colleges Student Professional Behavior Code for the University of Kentucky. I understand and agree to abide by and support the HCC Student Professional Behavior Code throughout my enrollment in the College of Pharmacy. I understand also that the maximum penalty for an infraction of the HCC Student Professional Behavior Code is dismissal from the College.

(\_\_\_\_\_) I hereby acknowledge that I have read the enclosed Physical and Mental Disability and/or Learning Disability Statement of the University of Kentucky College of Pharmacy. I understand and agree to abide by and support the above mentioned statement throughout my enrollment in the College.

(\_\_\_\_\_) I hereby acknowledge that I have read the Off-Campus Course Requirement Statement of the University of Kentucky College of Pharmacy. I understand the requirement of successfully completing experiential courses, which are required for graduation. To fulfill this requirement, I understand that I will be required to spend a portion of my time at off campus sites assigned to me by the College and agree to abide by and support the above mentioned statement throughout my enrollment in the College. These sites may be at a clinical education center or at other locations across Kentucky.

(\_\_\_\_\_) I understand that prior to enrolling in experiential courses, I will need appropriate immunizations and provide verification.

(\_\_\_\_\_) I hereby acknowledge that I have read the Academic Performance Guidelines of the University of Kentucky College of Pharmacy. I understand and agree to abide by and support the above mentioned guidelines throughout my enrollment in the College.

(\_\_\_\_\_) I hereby acknowledge that I understand I must obtain the Basic Life Support for Healthcare Providers certification by September 30 of the first professional year in the College of Pharmacy and must be recertified annually during my enrollment in the College of Pharmacy.

(\_\_\_\_\_) I have read the information from the Student Financial Aid office and understand the financial aid available to me.

(\_\_\_\_\_) (For international students only) I hereby acknowledge that I have read the enclosed International Student Finances Statement (page 41) of the UK College of Pharmacy. I understand I am required to provide proof of funding by March 15 to the Admissions Director to obtain an I-20 for immigration purposes.

(\_\_\_\_\_) I have read the enclosed Technical Standards (Currently under revision will be updated in Spring 2017) and understand that I must be able to independently perform the described functions.

(\_\_\_\_\_) I understand that I will be required to complete multiple assignments by stated deadlines to maintain my seat of admission. I understand that I will be required to check my UK email and Canvas account for notifications and instructions of these assignments that typically begin in April. I understand that these assignments will take place between April-August and I am expected to complete them by the provided deadlines, without exception, reminders, or delay. I understand that failure to meet the below and other mandated assignments may result in the rescinding my admission offer.

Type or Print Name: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_