

The University of Kansas Non-Traditional Pharm.D. Program

Optional Biographical Information Form (in lieu of Resume or CV)

Legal Name:

Last _____ First _____ Middle _____

**personal information and educational background will be obtained from the application form*

**attach additional sheets if necessary to complete any portion of this form*

What is your work background? List employers, dates of employment, title, and a brief summary of duties.

What post graduation clinical specializations or certifications have you completed?

What professional organizations do you belong to and how long have you been a member?

What academic or professional awards have you received? What publications do you have or presentations have you made (include poster presentations)?

What community services or volunteer work have you done?

Why do you want a Pharm.D.? What are your future professional objectives and how will this training help you achieve them?