American Pharmacists Association - Academy of Student Pharmacists (APhA-ASP)

**International Pharmaceutical Students’ Federation (IPSF)**

**STUDENT EXCHANGE PROGRAM (SEP) PRE-APPLICATION**

***Pre-Applications******are accepted annually from September 15th to November 1st of the year prior to the exchange period.*** *Only those submitted within this timeframe will be considered for the IPSF Student Exchange Program (SEP). Earlier submissions may have a higher likelihood of acceptance.* ***Applications will only be accepted via email.*** *There is no cost for the Pre-Application.*

**GENERAL INFORMATION**

All members of American Pharmacists Association-Academy of Student Pharmacists (APhA-ASP) are members of the International Pharmaceutical Students’ Federation (IPSF). APhA-ASP is the Full Member organization of IPSF for the United States and is represented at the IPSF World Congress annually. All APhA-ASP members are eligible to participate in the IPSF Student Exchange Program as part of their Full Member benefits.

Through the IPSF Student Exchange Program, students will live and experience pharmacy in a foreign country. Students may specify whether they would like to be placed in a retail, hospital, industry or university setting. Exchanges run throughout the year, but most occur during the summer and winter holiday breaks. An exchange is typically 1-3 months in length. Students are required to work a minimum of 60 hours during an exchange period.

Employment at a pharmacy site is an unpaid position throughout the exchange. Some exchange sites may provide stipends or have different policies for exchange students, but this varies from country to country and site to site. All travel, transportation, and costs of living are the responsibility, financially and otherwise, of the exchange student. Room and board may be provided by the host at a reduced cost.

**PARTICIPATING COUNTRIES**

For a complete list of participating countries visit <http://sep.ipsf.org>. Please note that the number of exchange sites available varies from country to country. *APhA-ASP is not responsible for accuracy of information provided by host countries.* **Do NOT apply on this website unless instructed by the APhA-ASP/IPSF Student Exchange Officer!**

***\*\*Please keep copies of the completed forms for your records\*\****

**APPLICATION PROCESS**

Complete the Pre-Application in its entirety and send with a current resume/CV via email to the APhA-ASP/IPSF Student Exchange Officers, **usaipsfseo@gmail.com** **with cc to** Candice Allar, Senior Manager, APhA Student Development, **callar@aphanet.org**

The number of official IPSF Student Exchange Application Forms that each country can submit on the sep.ipsf.org website is determined by the number of students hosted by that country’s member organization. This number of students changes every year and is based on the number of students hosted the previous SEP year. Last year, APhA-ASP was allotted 65 Application Forms.

1. **All pre-application materials must be received no later than 11:59 PM EST on November 1st, 2015**. Pre-applications not completed in their entirety, submitted without a current resume/CV, or submitted after the November 1st deadline will **not** be accepted.
2. All pre-applications will be reviewed by the APhA-ASP International Standing Committee and APhA staff. By late November 2015, each of the members selected will receive an email providing information on the official online IPSF secondary application process. **Only students selected by APhA-ASP International Standing Committee and APhA staff will submit the secondary application on the sep.ipsf.org database**.
3. The fee for the secondary application is $65.00. Students selected to submit an official application will be asked to provide a current CV/resume, a letter of intent, and a passport photograph. Students should note that by filling out the Pre-Application, they will have already completed all of the required fields necessary for completion of the secondary application*.* The Pre-Application is formatted to help streamline our 2-step application process, so please keep a copy of your Pre-Application for your records.

1. Placement in the SEP **is not guaranteed** and depends entirely on the member organization of the host country to which you apply. If you are not placed at an exchange site, APhA-ASP will send you a refund of $25.00. If you are placed and turn down the site where you are placed or do not fulfill the requirements of the exchange you will not be eligible for a refund.

**WHAT ARE STUDENTS RESPONSIBLE FOR?**

* The student is responsible for his or her own travel expenses, transportation, costs of living and telephone calls.
* The student **must have** travel, liability and health insurance.
* The student is responsible for obtaining the proper records, visas, passports and immunizations.

**FOR MORE INFORMATION CONTACT:**

**APhA-ASP International Standing Committee / IPSF National Officers**

**APhA-ASP / IPSF Student Exchange Officer**

**usaipsfseo@gmail.com**

**APhA-ASP / IPSF Student Exchange Officer-elect**

**usaipsfseo@gmail.com**

**APhA-ASP / IPSF National Contact Person**

**usaipsfcp@gmail.com**

**APhA-ASP / IPSF National Project Coordinator**

**usaipsfnpc@gmail.com**

# APhA Student Development Staff

**Candice Allar**

**Senior Manager, Student Development**

**callar@aphanet.org**

## SECTION I: GENERAL INFORMATION

**Gender: Male  Female **

1. **Full Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last, First, Middle initial)

1. **Name of School of Pharmacy you attend:**

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**C. Your Current Mailing Address (at School):**

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(Street) (Apt. No.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip)

 \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Telephone number with area code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Email Address)

**D. Permanent (Home) Address:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street) (Apt. No.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

 \_\_\_\_\_\_\_\_\_\_\_\_\_

(Telephone number with area code)

**E. Your present year in program:** \_\_\_\_\_\_\_\_ out of a \_\_\_\_\_\_\_\_ year program

**F. Anticipated date you will complete present program:** \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

(Month / Year)

**G. Are you a pre-pharmacy student?**  Yes  No

**H. Languages spoken fluently:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you have a passport?**  Yes  No

**J. APhA Member ID Number\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \* If you are an incoming first year student pharmacist, and do not yet have an ID number, please leave this blank. ID numbers will be due no later than **11:59 PM EST on November 1st 2015**. If there are extenuating circumstances preventing the retrieval of the ID number, please contact the exchange officer at **usaipsfseo@gmail.com**.

## SECTION II: BACKGROUND AND EXPERIENCE

List any previous experiences you have had on a local, state, national and/or international level that you feel would qualify you as a good candidate for a student exchange. Be sure to include any specialized talents or skills, professional honors and awards you have received. Include the reasons why they were awarded, along with any pertinent information that indicates your qualities to be chosen as a participant in the IPSF Student Exchange Program. Also, specifically list any positions you have previously held and meetings you have attended for the APhA Academy of Student Pharmacists (APhA-ASP) and International Pharmaceutical Students’ Federation (IPSF) on the local, regional, national, and/or international level.

Note: This section is not for you to re-write your curriculum vitae. It is an opportunity for you to elaborate on experiences you feel you have had that make you a better qualified candidate for SEP, and why.

Please limit your response to this page.

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**SECTION III: SHORT ESSAY**

**Please answer each of the following short essay questions and limit your responses for each to 250 words.**

* + - 1. Briefly describe a challenge you have faced. How did you meet and overcome the challenge and what did you learn from the outcome?
			2. Briefly describe an encounter you have had with a person whose lifestyle is different from your own. How did the experience change your view or understanding of that lifestyle?
			3. If chosen to participate in the IPSF Student Exchange Program, how would you increase awareness of SEP and the number of host sites in the United States so more students could participate in the program next year?
1. Please list up to 5 countries you wish go to for SEP and briefly explain why. A list of participating countries can be found at <http://sep.ipsf.org>.

**SECTION IV: LETTER OF INTENT**

Please explain why you are interested in participating in the IPSF Student Exchange Program, what you hope to gain from the experience, and how this fits in with your career goals for the future. Limit your response to one single-spaced page (approximately 750 words).

**SECTION V: EXPERIENTIAL EDUCATION**

Please list any Experiential Education that you must **schedule or complete** prior to September 15th, 2016. If none, please indicate ‘none’ in each section. Unless listed on this signed pre-application, any curriculum-related schedule conflicts that arise during the placement process will not release you from your responsibility to the IPSF Student Exchange Program, and you will not receive any refund of the secondary application fee.

**Experiential Education I will schedule:**

(ex: I have to request my off month by February 28th, 2016)

**Experiential Education I will complete:**

(ex: I must begin my APPEs in August 2016)

**SECTION VI: STATEMENT OF CONSENT**

If selected, I agree to participate in the 2015 IPSF Student Exchange Program. I am aware of the responsibilities outlined for the 2015 IPSF Student Exchange Program, including completing an official IPSF Student Exchange Application Form and submitting all materials and payment to APhA by the assigned date. I will not hold APhA responsible for any liability in relation to my student exchange. I have completed this pre-application form to the best of my ability and to the best of my knowledge. All statements on this form are true. I understand that any false statements or the failure to complete this application accurately may result in my disqualification from participation in the IPSF Student Exchange Program.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SECTION VII: ADVISOR SUPPORT**

**Advisors:** Please use the space below to make brief comments as to why you are endorsing the student named above to represent APhA-ASP internationally through the IPSF Student Exchange Program. You may attach a separate statement of recommendation.

Signature of Chapter Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*This signature MAY NOT BE TYPED. You must include an electronic signature or sign and have the student submit the scanned image.**

Please print name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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