**MID-ATLANTIC AMCP**

**STUDENT PHARMACY PROGRAMS – GILEAD and LEO PHARMA**

**DUE DATE: May 27, 2025**

**Eligibility:** Applicant must be a **P2 – P4 PharmD student** at the time of the program (i.e., have not graduated as of August 2025), at one of the accredited Colleges of Pharmacy within the Mid-Atlantic AMCP region, and a **current member of AMCP**. Students may participate once (1) in each program (i.e., a student may participate in the Gilead Student Pharmacy Program one year and LEO Pharma Student Shadowing Day another year). Applicants must complete a brief essay on what they will gain from attending the student pharmacy program(s) and how the experience will contribute to their professional goals related to pharmacy.

**Ranking Criteria:** Mid-Atlantic AMCP Board members will conduct the applicant review. The evaluation will be based on **both** submitted essays, completed application form, and submitted CV. No letter of recommendation required.

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| **NAME** |  |
| **COLLEGE OF PHARMACY** |  |
| **INCOMING PHARMACY YEAR** |  |
| **ADDRESS** |  |
| **E-MAIL ADDRESS** |  |
| **PHONE #** |  |
| **AMCP MEMBER #** |  |

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| **Which student pharmacy program(s) are you applying to? (Please select ONE of the following)** | |
| **Gilead Student Pharmacy Program (September 9-10, 2025)**  **LEO Pharma Student Shadowing Day (September 18-19, 2025)**  **I would like to be considered for both programs.** | |
| **ESSAY #1:** What you will gain from attending the student pharmacy program(s)?  \*\*Maximum 250 words\*\* | |
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| **ESSAY #2:** How will the student pharmacy program(s) contribute to your professional goals?  \*\*Maximum 250 words\*\* | |
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| **List any prior work experience not in pharmacy nor healthcare (if available).** |  |
| **List any managed care or industry internships (if available).** |  |
| **Have you competed in the AMCP P&T Competition at your school? (or completed a P&T Competition submission).**  **\*Please note if local or national** |  |
| **List any research experience, posters presented (indicate conference/location), podium presentation, journal publication.** |  |
| **List any volunteer experience during pharmacy school, include examples (i.e., health fairs, clinics, etc.)** |  |
| **List any leadership position(s) at a national level in an organization (indicate if pharmacy or non-pharmacy organization).** |  |
| **List any leadership position(s) in a pharmacy organization at your school.** |  |
| **List any recognitions received for academic and/or leadership accomplishments (i.e., Honors, Dean’s list, etc.)** |  |
| **Have you attended a Mid-Atlantic AMCP Day of Education or Managed Care Day? If yes, please indicate which one.** |  |
| **List Mid-Atlantic AMCP Social and Educational Events attended** |  |
| **Do you currently have a Mentor-Mentee Agreement with your affiliate? If yes, please indicate mentor.** |  |