

International-Trained PharmD (ITPD) Program
PROFESSIONAL SPONSORSHIP FORM

University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences

Each applicant will need to submit a completed professional sponsor form. The professional sponsor (typically an employer), will need to attest to their support of the candidate's pursuit of the degree program, and the applicant's plans for expanding the practice of patient-centered pharmacy care outside the United States. The professional sponsor completing the form should be located in the applicant's home country or the country in which they intend to practice pharmacy (outside of the U.S.). This sponsorship does not require financial sponsorship. If your professional sponsor is also serving as a reference they must be added to the online application as a recommender and complete the online letter of recommendation form. **Professional Sponsorship Letters submitted in lieu of this form will not be accepted.**

TO BE COMPLETED BY THE APPLICANT:

Applicant: _____ Complete Name	Date: _____
Address: _____ Street	Phone: _____
_____	_____
City, State, Zip, Country	Passport Number (for tracking purposes)
WAIVER OF RIGHT OF ACCESS TO LETTER OF REFERENCE	
The applicant must complete the following statement before submitting the form to the sponsor. This request follows Federal Law P.L. 93-380 (Family Education and Privacy Act of 1974).	
<input type="checkbox"/> Professional Sponsorship Form is confidential. I hereby voluntarily waive any right of access to this form.	
<input type="checkbox"/> Professional Sponsorship Form is not confidential. I do not waive my right of access.	
_____	_____
Applicant Signature	Date

TO BE COMPLETED BY THE PROFESSIONAL SPONSOR:

The individual above has applied for admission to the University of Colorado School of Pharmacy. Your sponsorship is critical to our admission process. We request that you make every effort to respond objectively to our questions regarding this individual. We request that you provide us with some thoughtful feedback on the applicant's ability to expand patient centered pharmacy outside of the United States.

You may send a letter or statement in addition to this form; however, we require that you also complete the following sections. After you complete the form, **please email directly to the Distance Degrees and Programs office at pharmacy.online@cuanschutz.edu** . Thank you for your assistance.

YOUR REALTIONSHIP TO THE APPLICANT

How well do you know the applicant? Not well acquainted Slightly Fairly Well Very Well

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please describe how you are qualified to be this applicant's sponsor. _____

Please email the completed form directly to the Distance Degrees and Programs office at pharmacy.online@cuanschutz.edu Forms will only be accepted from professional email addresses matching the email address listed above.