



Declaration Statement

Declaration

I understand there are policies and procedures designed to assist and provide guidance to students completing within the North American-Trained PharmD (NTPD) Program and the International-Trained PharmD (ITPD) didactic and experiential training requirements. These policies and procedures are intended to optimize the learning experience and ensure the on-going success of both Programs. I have reviewed a copy of these policies and procedures located on the following website pages:

- 1.) [Policies and Procedures](#) – This page defines program and the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences specific policies and procedures, including the Student Bulletin, Student Advancement and Appeals policy, and Student Ethics and Conduct Code.
- 2.) [Experiential Training](#) – This page links to specific policies and procedures pertaining to the experiential training requirements for both programs.

As a student of the University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences, I will abide by the policies and procedures pertaining to the Distance Degrees and Programs and the School. I understand the Distance Degrees and Programs Office and the School reserves the right to modify the policies and procedures at any time.

Students and preceptors will be notified of any changes in the documents. Questions about the policies and procedures will be directed to the Academic and Experiential Program Coordinator.

Your signature below indicates you have received, read and understand the Distance Degrees and Programs' policies and procedures.

Student Signature

Printed Name

Date

Student ID Number