

# PHILIPPINE ASSOCIATION OF COLLEGES OF PHARMACY (PACOP)

Office address: 2F PPhA Bldg., 815 R. Papa St., Sampaloc, Manila Tel Nos: (02) 7344820; 09175445288

Email address: pacopphil@ymail.com

## **APPLICATION FOR MEMBERSHIP**

Name of Institution:					Date Four	ided:		
Address:								
Contact No.:			Website:			Email Address:		
Start of Pharn	nacy Progran	n (mm/dd/yy	yy)		Governmen	I t / CHED Red	ognition (N	o./Yr)
		Profil	le of Graduat	tes for the la	ast Five (5) Y	ears		
Academic	First Se	emester/	Second Semester/		Summer/ Third		Total No. of	
Year	Trim	ester	Trim	ester	Trim	ester	Graduates	
	Prof	file of Pharm	acy Board E	xam Takers	for the last	Three (3) Ye	ars	
Year /	Month	<u> </u>	Inatite	utional Dassi	na Doroontoo	10 (0/)		National
Teal /	IVIOTILIT	First <sup>-</sup>	Takers		ng Percentag eaters		erall	Passing %
		1 1100	ranoro	rtopt			<u> </u>	T dooning 70

NOTE: Fill out this form completely and submit to PACOP together with the supporting documents required and a Letter of Intent duly signed by the Dean/Program Head and President /School Director.



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	MEMB	ER SCHOOL	PROFILE		
Name of Institution:					Date Founded:
Address:					
Contact No.:	Website	:		Email Addre	SS:
Start of Pharmacy Progran	n (mm/dd/yyyy)	yy) Government		t / CHED Recognition (No./Yr)	
Name of Highest Ranking	Administrative Official	/ Designation:			
PHARMACY DEGREE PR  1 2 3 PHARMACY NON-DEGRE 1 2		5			
Name:	PROFILE OF	THE DEAN / PP	ROGRAM HE		
			2 colgination.		
Contact Nos.:	Office Tel. No.	Mobile No.		Email Addre	SS:
PRC ID No.:	Date Iss	sued:		Date of Valid	dity:
No. of Years of Service as	Dean/Program Head:		No. of Years	in the Teach	ning Profession:
Educational Background					
Degrees Attaine	ed	Insti	tution		Year Graduated

# FACULTY PROFILE (Current Academic Year/Semester)

No. of FULL TIME Faculty Members:			No. of PART TIME Faculty Members:			
Name of	Degree/s Status		PRC ID#	Date	Validity	Teaching Assignment
Faculty	Earned	(FT/PT)		Issued		

# CURRENT ENROLMENT PROFILE (per DEGREE PROGRAM)

Academic Ye	ar:	Degree Prog	Degree Program:			
Year Level	First Sem/Trisem	Second Sem/Trisem	Third Trisem	Summer		
1st Year						
2nd year						
3rd Year						
4th Year						
5th Year						

Academic Ye	ar:	Degree Prog	gram:	
Year Level	First Sem/Trisem	Second Sem/Trisem	Third Trisem	Summer
1st Year				
2nd year				
3rd Year				
4th Year				
5th Year				

Academic Ye	ar:	Degree Pro	gram:	
Year Level	First Sem/Trisem	Second Sem/Trisem	Third Trisem	Summer
1st Year				
2nd year				
3rd Year				
4th Year				
5th Year				

#### Profile of Pharmacy Board Exam Takers for the last Three (3) Years

Year / Month	Institu	e (%)	National	
	First Takers	Repeaters	Overall	Passing %
				+

NOTE: Fill out this form completely and submit to PACOP together with the supporting documents required.

#### SUPPORTING DOCUMENTS:

- 1. Government / CHED Recognition (photocopy)
- 2. Accreditation level (if there is any)
- 3. School Profile
- 4. Copy of the Curriculum
- 5. List of Textbooks and Manuals Used (per course)
- 6. List and Pictures of the Laboratory Facilities and Equipment
- 7. PRC Board Certificates for the last 3 years
- 8. Scanned PRC licenses of the Dean and Faculty members

### TERMS AND CONDITIONS:

- 1. Member schools should submit updated member school profile annually together with the supporting documents required upon payment of membership fees.
- 2. Membership fees must be fully paid on or before the end of the first semester (October) of every academic year.

pacopfile2013