

National Community Pharmacists Association Application for Experiential Rotation



Student Name	Date	
Address	Phone	
City	State	Zip
E-mail		
Permanent Address	Phone	
City	State	Zip
School/College		
Experiential Coordinator		
E-mail	Phone	
Graduation Date		
Rotation Dates		
First Choice	Second Choice	
Other experience (e.g. Industry intern, state association rotation, etc.)		

Please include a one page description of your interest in the rotation, your career goals, and how the rotation will help you meet these goals.

Mail your application to: NCPA Student Affairs
100 Daingerfield Rd.
Alexandria, VA 22314

OFFICE USE ONLY Received: _____ Selected: Y_____ N_____ Confirmed: _____
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