**Experiences – PharmCAS Format**

You may update the information in this section at any time prior to submission. Once you have submitted, you will be able to add more Experiences, but you will not be able to update or delete completed Experiences.

**You are strongly encouraged to complete this section.**

Enter your professional experiences in several categories, or types, in this section. Visit the [Applicant Help Center](https://help.liaisonedu.com/PharmCAS_Applicant_Help_Center/Filling_Out_Your_PharmCAS_Application/3._PharmCAS_Supporting_Information/2Experiences%22%20%5Ct%20%22_blank) to review the definitions, consider the duties you performed, and choose the category that you think best fits the experience.

Update your experiences any time prior to submission. After submission, you can add more experiences. However, you cannot update or delete completed experiences.

Experience Type

|  |  |
| --- | --- |
| What type of experience do you want to add? | Choose an item. |

Organization

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Address 2 |  |
| City  |  |
| Country  |  |
| Zip Code |  |
| State/Province  |  |

Supervisor

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title  |  |
| Contact Phone |  |
| Contact Email |  |

Experience Dates

|  |  |
| --- | --- |
| State Date | Click or tap to enter a date. |
| Current Experience | [ ] Yes [ ] No |
| End Date | Click or tap to enter a date. |
| Status  | Choose an item. |

Experience Details

|  |  |
| --- | --- |
| Title |  |
| Type of Recognition  | [ ] Compensated [ ] Received Academic Credit [ ] Volunteer  |
| Average Weekly Hours |  |
| Number of Weeks |  |
| Total Hours |  |
| Description/Key Responsibilities (600 Characters) |  |
| Release Authorization (May we contact this organization?) | [ ] Yes [ ] No |

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