



## SCHOOL OF PHARMACY

### Accreditation Disclosure Statement

The Accreditation Council for Pharmacy Education (ACPE) accredits Doctor of Pharmacy programs offered by Colleges and Schools of Pharmacy in the United States and selected non-US sites. For a Doctor of Pharmacy program offered by a new College or School of Pharmacy, ACPE accreditation generally involves three steps: Precandidate status, Candidate status, and Full accreditation. Precandidate accreditation status denotes a developmental program, which is expected to mature in accord with stated plans and within a defined time period. Precandidate status is awarded to a new program of a College or School of Pharmacy that has not yet enrolled students in the professional program, and authorizes the school to admit its first class. Candidate accreditation status is awarded to a Doctor of Pharmacy program that has students enrolled, but has not yet had a graduating class. Full accreditation is awarded to a program that has met all ACPE standards for accreditation and has graduated its first class. Graduates of a class designated as having Candidate status have the same rights and privileges of those graduates from a fully accredited program. ACPE conveys its decisions to the various boards of pharmacy and makes recommendations in accord with its decisions. It should be noted, however, that decisions concerning eligibility for licensure, by examination or reciprocity, reside with the respective state boards of pharmacy in accordance with their state statutes and administrative rules.

The Doctor of Pharmacy program of Southern Illinois University Edwardsville School of Pharmacy was awarded candidate accreditation status during the June 21-25, 2006 meeting of the ACPE Board of Directors, based upon an on-site evaluation conducted April 12-13, 2006, and discussion with University and School officials. If the program continues to develop as planned, full accreditation of the Doctor of Pharmacy program will be considered by the Board following the graduation of students from the program.

***I have read and understand the above Accreditation Disclosure Statement.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*For further information, please visit the ACPE website at: <http://www.acpe-accredit.org/>*

Mail this form to: School of Pharmacy Admissions c/o SIUE Service Center, Box 1080; Edwardsville, IL 62026-1080