



# IMP Application Form



## Personal details

First Name  Last Name

Nationality  Date of Birth Day  Month  Year

Address  email1

City  State  Zip Code  email2

Country  Phone Number

EPSA Member association

EPSA Individual Member  Yes  No

## Emergency Contact details

First Name  Last Name

Nationality  Date of Birth Day  Month  Year

Address  email1

City  State  Zip Code  email2

Country  Phone Number

## Pharmacy Course details

University  Length of pharmacy course

Faculty of Pharmacy

Year of study  Graduate category

Date of Graduation (mm/yy)  Average grade during your studies  Out of

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## Relevant Experience

*Additional activities during the course*

Active in

None

*Position held*

*Previous part-time jobs/trainings*

## IMP Preferences

*IMP Training area : Please choose the most preferable IMP Training area(s)*

- Hospital    Community    Research    Industry    Analysis    Drug Information    Regulatory Affairs

*Preferable area of pharmacy practice*

- Disease-state management    Clinical Interventions    Professional Development    Pharmaceutical Care
- Extemporaneous Pharmaceutical Compounding    Communication Skills    Health Psychology    Patient Care
- Drug Abuse Prevention    Prevention of drug interactions    Prevention / Minimization of adverse events
- Incompatibility    Drug discovery and evaluation    Detect pharmacotherapy related problems
- Other Please specify
- Other Please specify

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After you have reviewed the available IMP Training placements at [www.epsa-online.org/imp](http://www.epsa-online.org/imp) and fit your skills and your experience with the requirements and recommendations of the IMP Partner(s), you should fill in this table to help us provide you with the best fitting IMP training. Please specify the exact Name of the IMP Partner, Country & Profile Number of one, two or three most preferable IMP training placements offered by IMP Partner(s), that would best fit your interest, your set of skills and your expectations.

	IMP Partner Name	Country	Profile Number
1st Choice			
2nd Choice			
3rd Choice			

Mother tongues

Foreign languages

Language 1

English is required

Language 2

Language 3

Country of IMP Training

1st choice

2nd choice

3rd choice

Preferable date to start IMP Training

Day

Month

Year

Anytime

Preferable duration of IMP Training (min 8 weeks)

N° of weeks

Any duration

# IMP Application Form

Join the EPSA news e-group and receive more INFO about EPSA projects and activities!

I wish to register to EPSA news e-group and receive up-to-date INFO about projects and activities in EPSA.

By signing the document you certify exact information above.

Current Date  Current Place (City, Country)

Document Signature by person in charge of providing valid information

I confirm that I have read and accept EPSA's Terms and Conditions of participation in Individual Mobility Project (IMP).  
**IMPORTANT! You need to check this for EPSA to accept your application.**

Save