

## ST. LOUIS COLLEGE OF PHARMACY STATEMENT OF COMMITMENT

During Commencement, new graduates of St. Louis College of Pharmacy at University of Health Sciences and Pharmacy in St. Louis are asked to stand and recite the Oath of a Pharmacist. However, the principles in the oath must be practiced long before graduation. Students are expected to follow the principles of moral, ethical, and legal conduct as stated in the oath throughout the Doctor of Pharmacy (Pharm.D.) program.

St. Louis College of Pharmacy asks that you take time to read the oath and consider its meaning. Unless you are prepared to fully embrace the commitment required to honor this oath as a student at the University and as a licensed pharmacist, we ask that you reconsider your decision to pursue a degree in pharmacy.

However, if you are prepared to make a commitment to honor the principles set forth in the oath outlined below, sign to indicate your acceptance of the responsibilities and obligations outlined within it. A signed Statement of Commitment must be submitted prior to entering into the Pharm.D. program.

### TO BE COMPLETED BY THE STUDENT

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#### OATH OF A PHARMACIST

I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

I will consider the welfare of humanity and relief of suffering my primary concerns.

I will apply my knowledge, experience and skills to the best of my ability to assure optimal outcomes for my patients.

I will respect and protect all personal and health information entrusted to me.

I will accept the lifelong obligation to improve my professional knowledge and competence.

I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct. I will embrace and advocate changes that improve patient care.

I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public.

#### SIGNATURE

I accept the obligations outlined in the Oath of a Pharmacist.

Yes

No

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STUDENT NAME (PRINT)

STUDENT SIGNATURE

DATE