We hope to impact our community through our service. This is just one unique approach we are taking to do that. If you have questions, please contact us.

Harding University College of Pharmacy
Office of Experiential Education
915 E. Market Ave., Box 12230
Searcy, AR 72149-2230
501-279-5571 or 501-279-4869
Email: thoward1@harding.edu
(Tim Howard, Pharm.D)
Helping students learn

The patient caring experience allows students the opportunity to participate in direct patient interaction, allowing students to understand how pharmacists positively impact the lives of their patients and exposing students to culturally and socio-economically diverse populations. Student pharmacists benefit from these real life interactions and carry the knowledge and experience gained into their professional careers. As one of our community volunteers, you will serve an important role in helping to train the next generation of pharmacists.

What our patients are saying

Jan Roberts, a current volunteer in our program, says, “For people who take a lot of medicines and have trouble keeping them straight, this is a wonderful service the students are offering the community. My students go above and beyond what they are required to do, and they have helped me a great deal. They learn, and it helps me, too.”

We need you!

Harding’s student pharmacists are searching for community volunteers willing to serve as patients for this program. If you are willing and eligible, please call, email, or complete the attached volunteer form in this brochure and mail it to:

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915 E. Market Ave., Box 12230
Searcy, AR 72149-2230
Attn: Tim Howard, Pharm.D
501-279-5571
thoward1@harding.edu

For more information on the College of Pharmacy at Harding University, please visit our website at www.harding.edu/pharmacy.

Am I eligible to serve as a community volunteer?

- Are you 18 years of age or older?
- Do you have at least one chronic illness requiring prescribed medication (e.g. diabetes, high blood pressure, high cholesterol, COPD, etc.)?
- Is your schedule flexible enough to meet with students two or three times each semester?
- Are you willing to provide feedback related to the quality of your student interaction?

If you answered “yes” to these questions, you may start the process of becoming a community volunteer by completing the following information:

Name: ____________________________
Address: __________________________
Phone: ____________________________
Email: ____________________________

If you are currently a community volunteer, would you like to continue?  
- Yes  [ ]  No  [ ]
If yes, are you willing to transition to new students as time requires?  
- Yes  [ ]  No  [ ]
Do you have questions or concerns you would like to have answered?  
- Yes  [ ]  No  [ ]

Harding University College of Pharmacy’s Patient Caring program is intended to be a wellness service to our community volunteers while providing quality learning for our students. If you are willing to participate or continue to participate as a community volunteer, please submit this completed form to the address on the back of this brochure.

A member of the Office of Experiential Education will contact you shortly to start the process of becoming a community volunteer. Thank you for your time and consideration.