TABLE D.—ENROLLMENT BY CLASSES IN SCHOOLS OF PHARMACY FOR 1967–68 AND ESTIMATED ENROLLMENTS AND NUMBER OF GRADUATES FOR YEARS 1968–69 TO 1975–76

Year	3d last year [1]	2d last year [2]	Last year [3]	Estimated total enrollment [4]	Estimated number of graduates
1967–68 [5]	5,561	4,476	4,085	14,122	3,936
1968–69	5,900	4,960	4,337	15,197	4,168
1969–70	6,260	5,263	4,806	16,329	4,619
1970–71	6,642	5,584	5,100	17,326	4,901
1971–72	7,000	5,925	5,411	18,336	5,200
1972–73 [6]	7,080	6,244	5,741	19,065	5,517
1973–74	7,160	6,315	6,050	19,525	5,814
1974–75	7,240	6,387	6,119	19,746	5,880
1975–76	7,320	6,458	6,189	19,967	5,984

[1] Enrollment increase based on 6.1 percent, the average increase for years 1963–67.
[2] Enrollment decrease from preceding class based on 10.8 percent, the average decrease for years 1962–66.
[3] Enrollment decrease from preceding class based on 3.1 percent, the average decrease for years 1962–65.
[4] Attrition rate from last year based on 3.9 percent, the average rate for years 1962–64.
[5] Actual enrollment.
[6] Assumes construction will continue beyond fiscal year 1972 at same average rate and new places will be available at same average rate per year as for the period fiscal year 1964–69 (483 places divided by 6 years equals 80 places per year).

Mr. BLIVEN. Mr. Chairman, I think President Weaver has a very brief statement, and after that we shall be happy to attempt to answer any questions you may have.

Mr. ROGERS. Fine. We will be glad to hear you, Dr. Weaver.

Mr. WEAVER. Thank you, Mr. Chairman.

My name is Warren Weaver, and I am dean of the school of pharmacy at the Medical College of Virginia in Richmond, Va., from the third district represented by Mr. David Satterfield.

I appear on behalf of the membership of the association and my colleagues in pharmaceutical education. We, in pharmacy education are, of course, most interested in titles I and IV of H.R. 15757. We are most grateful for the support provided pharmaceutical education in the past and as proposed in this legislation. Our greatest concern is that schools of pharmacy are not included in section 771 and we request amendment so that schools of pharmacy are eligible for institutional grants.

Dr. Bliven, in his statement, has given you a great deal of detailed information about pharmacy and the schools of pharmacy in this country. I would wish to emphasize that we in pharmacy education are directing great effort toward change in our curriculum and modification of our offerings so that the graduate in pharmacy can take an even more meaningful role in the health care team.

All of us are interested in the highest quality of health care that can be delivered to the citizens whom we serve.

Pharmacy has assumed a significant role in this respect to the past and wishes to keep abreast of the other health professions in the future.

We in pharmacy are firmly committed to a program of patient oriented education. Our ability to carry forth this commitment is directly related to our ability to obtain additional support. As we see it, all elements of the health care team must move forward together if the goal of high quality medical care for all citizens is to be realized. It is not my purpose to belabor you with the details of pharmaceutical