



2013-2014 Pharmacy Residency Application PGY1 Program

PGY1 Applicant Name: _____
Last First MI

E-mail Address 1: _____ E-mail Address 2: _____
(PLEASE PRINT CLEARLY)

Current Mobile Number: _____

Below, rank the dates you will be available for an on-site interview for the PGY1 program (**1 = first choice, etc**). Date preferences will be considered on a first come, first served, basis. You will be contacted once your application packet has been reviewed. If there is a change in your availability, please contact us **immediately**.

___ Friday, February 1, 2013 ___ Tuesday, February 5, 2013 ___ Thursday, February 7, 2013
___ Monday, February 11, 2013 ___ Wednesday, February 13, 2013

Checklist

All materials must be uploaded to PhORCAS by Thursday, January 3, 2013.

- Completed application form
- Up-to-date curriculum vitae
- Letter of intent *addressed to the appropriate Residency Program Director* describing your experiences, professional goals and reasons you are seeking a residency
- Proof of U.S. Citizenship (i.e. copy of birth certificate, passport, or social security card)
- Three ASHP recommendation forms
- I will be available for an on-site interview
- I will be available to begin the program on **June 17, 2013**
- I will be eligible for pharmacy licensure in one of the 50 United States (**deadline October 1, 2013**)
- I certify that all information in the application material is complete and accurate to the best of my knowledge

Candidates will be informed of interview dates on or after January 10, 2013.

Applicant Signature: _____ Date: _____

For further information, see our website at <http://www.littlerock.va.gov/services/pharmacy/residency.asp>. If you have any questions regarding the residency program, e-mail Danita Walker, Program Assistant at Danita.Walker@va.gov.