2013-2014 Pharmacy Residency Application
PGY2 Programs

Check the appropriate one:

☐ **PGY2 Ambulatory Care** ☐ **PGY2 Geriatrics** ☐ **PGY2 Palliative Care**

PGY2 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 (**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***.

___ Monday, January 28, 2013 ___ Wednesday, January 30, 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 (One form must be from your PGY1 RPD)
- ☐ I will be available for an on-site interview
- ☐ I will be available to begin the program on **June 17, 2013** (start date may vary for PGY2s)
- ☐ Copy of your pharmacist license
- ☐ 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.