



2017-2018 Pharmacy Residency Application PGY2 Programs

PGY2 Applicant Name:

_____ *First* _____ *Last* _____ *MI*

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

Current Mobile Number: _____

To which program are you applying?

- Ambulatory Care Geriatrics Palliative Care/Pain Management

Below, rank the dates you will be available for an on-site interview for the PGY2 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.

___ Friday, January 23, 2017 ___ Wednesday, January 25, 2017 ___ Friday, January 27, 2017

Checklist

All materials must be uploaded to PhORCAS by January 3rd.

- * This completed application form (available from our website)
- * Current curriculum vitae
- * Official transcript from a U.S. accredited pharmacy program
- * Letter of intent addressed to the appropriate Residency Program Director describing your experiences, professional goals and reasons you are seeking a residency at CAVHS
- * Proof of U.S. Citizenship (i.e. copy of birth certificate, passport, or social security card)
- * Three references using the recommendation form in PhORCAS (One must be from your PGY1 RPD)

By signing below, the applicant acknowledges that:

I understand candidates will be notified of interview status after January 8th but no later than Jan 14th.
I will be available for an on-site interview.
I will be available to begin the program on a date agreed upon with the RPD after completion of a PGY1 program.
I am a licensed pharmacist in the United States.
I certify that all information in the application material is complete and accurate to the best of my knowledge.
I will contact CAVHS immediately if there is a change in my availability as stated above.

Applicant Signature: _____ Date: _____