2013-2014 Pharmacy Residency Application

☐ **PGY1** ☐ **PGY2 Ambulatory Care** ☐ **PGY2 Geriatrics** ☐ **PGY2 Palliative Care**

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***.

___ 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
- ☐ Official copy of your College of Pharmacy transcript
- ☐ 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** (start date may vary for PGY2s)
- ☐ PGY1 applicants: I will be eligible for pharmacy licensure in one of the 50 United States (**deadline October 1, 2013**)
- ☐ PGY2 applicants: include a copy of your pharmacist license
- ☐ I certify that all information in the application material is complete and accurate to the best of my knowledge

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.