U.S. Department of Veterans Affairs
Veterans Health Administration
Central Arkansas Veterans Health Care System
VISN 16 | Little Rock, AR

2019-2020 Pharmacy Residency Application
PGY1 Program

PGY1 Applicant Name: _____
First *Last* *MI*

Preferred email address _____ *(PLEASE TYPE OR 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.

___ Tuesday, February 4, 2020 ___ Thursday, February 6, 2020 ___ Monday, February 10, 2020

___Friday, February 14, 2020 ___Tuesday, February 18, 2020

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 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

By signing below, the applicant acknowledges that:

I understand candidates will be notified of interview status after January 7th, but no later than Jan 10th.

I will be available for an on-site interview.

I will be available to begin the program on **June 22, 2020.**

I will be eligible for pharmacy licensure in one of the 50 United States (deadline for licensure- 90 days from start of residency).

I certify that all information in the application material is complete and accurate to the best of my knowledge.

I will contact Central Arkansas Veterans Healthcare System immediately if there is a change in my availability as stated above.

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 Angela Gordon at Angela.gordon@va.gov.