



2015-2016 Pharmacy Residency Application PGY1 Program

PGY1 Applicant Name: _____
First Last 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.

___ Friday, January 30, 2015 ___ Tuesday, February 3, 2015 ___ Thursday, February 5, 2015
___ Monday, February 9, 2015 ___ Wednesday, February 11, 2015

Checklist

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

- * 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 letters of recommendation using the ASHP recommendation form

By signing below, the applicant acknowledges that:

I understand candidates will be notified of interview status after January 10th, but no later than Jan 15th.

I will be available for an on-site interview.

I will be available to begin the program on June 15, 2015.

I will be eligible for pharmacy licensure in one of the 50 United States (deadline October 1).

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: _____

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 **Kelly Thomas** at Kelly.thomas@va.gov.