

**PGY-1 PHARMACY RESIDENCY PROGRAM
APPLICATION FORM**

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

COLLEGE OF PHARMACY: _____

EXPECTED GRADUATION DATE: _____

ESTIMATED GPA: _____

REFERENCES:

1. Name: _____
Organization: _____
Title: _____
Phone: _____

2. Name: _____
Organization: _____
Title: _____
Phone: _____

3. Name: _____
Organization: _____
Title: _____
Phone: _____

I have been tobacco free for 6 months.

Definition of Tobacco: Any type of product that contains or is made or derived from tobacco and intended for human consumption. Products that are chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means are included, as are components, parts, or accessories of tobacco products. This policy also applies to e-cigarettes, which are regulated by the Food and Drug Administration as a tobacco product.

- Yes

- No

I will take all required immunizations/vaccination and precautions (i.e, TB test or flu shots) for the safety of myself, co-workers, and patients.

- Yes

- No

All employees must be vaccinated except for those individuals who can provide a medical or religious waiver.

I certify that all the information provided is true and accurate. I understand that if I match at SSM St. Mary's Health Center, any misrepresentation or omission of fact, by me, could result in denial or termination of my residency.

If you have answered "NO" to the above tobacco or immunization vaccinations questions, you will not be eligible to apply for residency at SSM St. Mary's Health Center.

Signature

Date

**PGY-1 PHARMACY RESIDENCY PROGRAM
SUPPLEMENTAL APPLICATION FORM**

List and describe your strengths.

Describe two areas in which you would like to improve and explain how you plan to improve yourself in these areas.

Describe a situation on rotations where you made an impact on patient care and what you learned from the experience.

Briefly describe what traits you look for in a preceptor.

On a scale of 1-5 (5 being exceptional, 3 being an average graduating pharmacy student), rate yourself in the following areas:

CHARACTERISTIC	RATING
Written communication	
Oral communication	
Assertiveness	
Initiative & motivation	
Ability to organize & manage time	
Ability to work with peers	
Ability to work with supervisors	
Willingness to accept constructive criticism	
Enthusiasm	
Problem solving ability	
Ability to multi-task	
Stress management skills	
Attention to detail	
Dependability	
Willingness to self-learn	

Please attach a Letter of Intent and include (1) why you want to complete a residency at SSM St. Mary's Health Center, (2) what you hope to gain from residency training, (3) your future career goals, and (4) any other information you feel that we should consider while reviewing your application.