



**Durham Veterans Affairs Medical Center**  
**Durham, North Carolina**  
*Pharmacy VALOR Application*

**Name** (Last, First, Middle): \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

Street (Apartment) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Current Address:**

Street (Apartment) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_

Do you have rotations scheduled between June 1<sup>st</sup> and September 30<sup>th</sup>, 2015? \_\_\_\_\_

If so, how will you complete the required 400 hours (maximum 40 hrs/week; no evenings, weekends or Holidays) prior to September 30<sup>th</sup>? \_\_\_\_\_

Do you have a minimum 3.0 GPA? \_\_\_\_\_

Have you requested a letter of nomination from the Dean of your school confirming completion of your 2<sup>nd</sup> year of pharmacy school by May 2015? \_\_\_\_\_ Date requested? \_\_\_\_\_

Have you requested an official transcript? \_\_\_\_\_ Date requested? \_\_\_\_\_

What are your top 3 pharmacy areas of interest?

Why are you interested in the VA? (limit response to allotted space)

What do you hope to achieve through this experience? (limit response to allotted space)

What unique qualities/experiences qualify you for this internship? (limit response to allotted space)