

7. What academic honors or awards have you received? _____

8. Are you licensed to practice pharmacy in any state? []Yes []No

_____ State _____ Date _____ Exam or Reciprocity

If No, list anticipated examination completion

_____ State _____ Date

9. List all work experience in reverse chronological order, starting with the present. Give number of hours per week, general responsibilities, etc. (be specific with regard to pharmacy experience).

10. Explain, briefly, how you learned of this program and why you are applying for this program.

11. Please write a paragraph in which you either highlight some factor on this application which you believe accurately reflects your strength as a residency candidate or explain some factor which represents you inaccurately.

12. In your own handwriting, state your professional career goals and explain how you feel this program will assist you in attaining them. (You may use the back of this sheet if necessary.)

Please return this completed form with your curriculum vitae, VA Application for Associated Health Occupations (VA Form 10-2850c), and Declaration for Federal Employment (OF 306). Also have official transcripts, three letters of recommendation and recommendation forms (from at least one faculty member and at least one employer) sent to:

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