Jesse Brown VA Medical Center- Chicago (JBVAMC)

Pharmacy Practice Residency – **Application**

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**Name:** *Last* *First* *Middle*

**Address:** *Number* *Street* *Apt No*

*City* *State* *Zip Code*

**E-mail:** _____

**Telephone:** (_____) _____-_____

**Social Security Number**: _____-_____-_____

**EDUCATION:**

College of Pharmacy: _____
Degree (s): _____
Date of Graduation:_____

Other College: _____
Degree (s):_____
Date of Graduation: _____

Professional Training: _____

**The following must be received by December 29th to complete the application**:

- Current Curriculum Vitae
- Official College Transcripts (official and sealed)
- Three (3) Letters of Recommendation from Clinical Faculty or Preceptors
- Letter of Intent

**JBVAMC application requirements include the following**:

- PharmD from ACPE accredited College of Pharmacy
- Eligibility for Licensure
- U.S. Citizenship
- On-site interview

*Signature:* _____ *Date:* _____

Please

**EMAIL** correspondence (CV, letter of intent and letters of recommendation) to **MJovicJBVA@gmail.com** and
**MAIL** Official Transcripts to:
Milica Jovic, Pharm.D.
PGY-1 Pharmacy Residency Program Director (119)
Jesse Brown VA Medical Center
820 S. Damen Avenue
Chicago IL, 60612