

Carl T. Hayden VA Medical Center  
Clinical Pharmacy Section 119A  
Phoenix, Arizona

Please attach recent  
photograph of applicant  
here.

**RESIDENCY APPLICATION**

PLEASE PRINT CLEARLY OR TYPE

DATE: \_\_\_\_\_

**I. APPLICATION INFORMATION:** Please **check** the residency program to which you are applying.

- PGY1 Residency: Acute Care Focus Program**       **PGY1 Residency: Ambulatory Care Focus Program**       **PGY2 Residency: Internal Medicine Specialty**

**II. DEMOGRAPHIC INFORMATION:**

NAME: \_\_\_\_\_  
Last First Middle

PERMANENT ADDRESS: \_\_\_\_\_  
Street Address Apartment Number  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Phone Number E-mail Address

PRESENT ADDRESS:  
(If different than above) \_\_\_\_\_  
Street Address Apartment Number  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Phone Number E-mail Address

COLLEGE OF PHARMACY: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Phone Number

DATE OF GRADUATION: \_\_\_\_\_

**III. COMPLETION OF THIS APPLICATION REQUIRES THE FOLLOWING:**

- A. Your ASHP Residency Matching Program Number \_\_\_\_\_ (Required when applying for either of the above PGY1 Residency programs).
- B. **Must be** current United States Citizen to assume a position at any Veterans Medical Center.
- C. A current transcript from your College of Pharmacy mailed *directly* to the appropriate contact person listed below.
- D. A Curriculum Vitae containing pertinent educational and work experiences. Include any extra-curricular activities and professional organizations in which you have participated. Also, include awards you have received and research in which you have participated.
- E. Three letters of recommendation using the attached forms.
- F. A letter of intent from you telling us a little about yourself, your reasons for becoming a resident, why you should be considered a candidate for the program you selected and your long-range goals. You may use the reverse side of this sheet or type a formal letter.
- G. Application Deadline: **January 15<sup>th</sup>**.

Please complete this form and return directly to the appropriate residency program contact person:

Sara Anderson, Pharm.D., Coordinator  
**PGY1 Residency:**  
**Acute Care Focus Program**  
Clinical Pharmacy Section 119A  
Carl T. Hayden VA Medical Center  
650 East Indian School Road  
Phoenix, Arizona 85012

Jennifer Retterer, Pharm.D., Director  
**PGY1 Residency:**  
**Ambulatory Care Focus Program**  
Clinical Pharmacy Section 119A  
Carl T. Hayden VA Medical Center  
650 East Indian School Road  
Phoenix, Arizona 85012

Chris Taylor, Pharm.D., Director  
**PGY2 Residency:**  
**Internal Medicine Specialty**  
Clinical Pharmacy Section 119A  
Carl T. Hayden VA Medical Center  
650 East Indian School Road  
Phoenix, Arizona 85012