POST GRADUATE YEAR 2 (PGY2) PHARMACY RESIDENCY APPLICATION

VA Salt Lake City Health Care System

1. Name:_____
   LAST FIRST MIDDLE

2. Mailing address:_____
   CITY STATE ZIP

3. Contact information:

   Phone number: _____ Email: _____

   Pharmacist License:_____ State:_____ Expiration: _____

4. *Pharmacy-specific* memberships: ☐ CNCP ☐ ACCP ☐ ASHP ☐ APhA ☐ AMCP ☐ Other

5. Have you published scholarly work in a peer reviewed journal: ☐ Yes (*Please attach*) ☐ No

6. Proficiency in using computer/software programs: ☐ Mac ☐ Statistic Software ☐ Windows

   ☐ PowerPoint ☐ Word ☐ Excel ☐ Access ☐ Other

COLLEGE EDUCATION

Institution	City/State	From	To	Degree

PGY1: CLINICAL ROTATIONS COMPLETED

*PGY1 Site*_____

Residency Program Director Name: _____ *Contact Phone#:*_____

Type	Weeks	Preceptor name and e-mail
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		

Application Deadline February 16

ROTATIONS COMPLETED AS P4

Type	Weeks	Institution	Preceptor Name, and Email
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			

REFERENCES

(Your application must be supported by three (3) letters of recommendation)

Name/Title	Institution	Address/Phone Number/e-mail

Registration with ASHP Resident Matching Program: ☐ Yes ☐ No. Registration No:_____
(http://www.natmatch.com/ashprmp/)

Applicant signature:_____ Date: _____

***Program requirements*: a**) US citizenship, **b**) PharmD from an ACPE accredited College of Pharmacy, **c**) an active unrestricted license to practice pharmacy in a state, **d**) completion of a PGY1 residency, computer literacy, **e**) English language proficiency (oral and in writing), and **f**) ability to successfully pass federal background investigation and drug screen.