PGY 2 Pharmacy Residency Checklist

Please attach this checklist with your application package.

Applicant name:_____ **Date:**_____

- Your application package should contain the following documents.

Required Documents	Status	Comments
1. Signed cover letter stating *three* (3) professional goals	☐ Attached	
2. Residency Application	☐ Attached	
3. Curriculum vitae	☐ Attached	
4. Copy of pharmacist licensure	☐ Attached	
5. Form OF 306[1]	☐ Attached	
6. VHA Form 10-2850c[2]	☐ Attached	
7. Three recommendation Letters[3]	☐ Attached ☐ Sent separately	Ref 1 name: _____ Ref 2 name: _____ Ref 3 name: _____
8. Official Transcripts[4]	☐ Attached ☐ Sent separately	

1: http://www.opm.gov/forms/pdf_fill/of0306.pdf

2: http://www.va.gov/vaforms/medical/pdf/vha-10-2850c-fill.pdf

[3]Recommendation letters may be attached along with your application package in envelopes sealed by the evaluator OR mailed/e-mailed (address below) directly by the evaluator. [4]Official transcripts with seal intact can also be attached along with your application package OR mailed directly.

Official mailing address:

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