



**JAMES J. PETERS VA MEDICAL CENTER**  
**PHARMACY RESIDENCY PROGRAM**  
**PRE-RESIDENCY SELF ASSESSMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following in a *narrative* form and upload as supplemental information into PhORCAS along with your citizenship documentation as a single document (limit to 3 to 5 pages). **This information will allow the Program Director to complete a residency plan individualized to your needs.**

1. State your career goals, both short term (5 years) and long term (10-15 years).
2. Describe your current practice interests.
3. What are your strengths? This should include clinical as well as personal strengths.
4. List areas of weakness that you would like to improve during the residency; you may include clinical as well as personal areas.
5. List prior activities/projects/experiences that have contributed to your skills in the following areas:
  - a. Written and verbal communication/public speaking
  - b. Teaching/Training
  - c. Time management
6. What areas of residency training would you like to concentrate on during the program?  
(List top 3 in order of importance)
7. Identify three (3) goals that you wish to achieve during your residency.
8. Tell us about a non-pharmacy interest of yours.
9. What role do you think professional organizations will have in your career?
10. Describe an ethical challenge you have faced and your response to it.