PGY1 Application Information And Checklist

Please attach this checklist with your application package.

Applicant name: _____ **Date:**_____

- *I wish to be considered for the following residency program:*

  ☐ VA Salt Lake City Health Care System, Salt Lake City, UT
  ☐ VA Pocatello Community Bases Outpatient Clinic, Pocatello, ID

- *Please submit 2 sets of application materials if applying to both program (interview will be required at both sites).*

- *Your application package should state the status of the following documents.*

Required Documents	Status	Comments
1. Signed cover letter stating your *three* (3) professional goals	☐ Attached	
2. Residency Application	☐ Attached	
3. Curriculum vitae	☐ Attached	
4. Three (3) recommendation Letters[1]	☐ Attached ☐ Sent separately	Ref 1 name: _____ Ref 2 name: _____ Ref 3 name: _____
5. Official Transcripts[2]	☐ Attached ☐ Sent separately	

[1]Recommendation letters can be included along with your application package in envelopes sealed by the evaluator.
- Recommendations can also be mailed directly by the evaluator OR e-mailed.

[2]Official transcripts with intact seal can be included along with your application package.
- Transcripts can also be mailed directly by the University

Official mailing address:

Ravi Pathak, PharmD, BCPS
VA Salt Lake City HCS
Pharmacy Administration 119A
500 Foothill Drive, Salt Lake City, UT 84148

Questions? Please call or e-mail: Ravindra.Pathak@va.gov