POST GRADUATE YEAR 1 (PGY-1) HARMACY RESIDENCY APPLICATION

I wish to be considered for the following residency program (apply seperately):

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

1. Name:_____
   LAST **FIRST** **MIDDLE**
2. Mailing address:_____
   CITY **STATE** **ZIP**
3. Phone number: _____ Alternate: _____ Email: _____
4. Professional *pharmacy-specific* memberships: ☐ ASHP ☐ ACCP ☐ APhA ☐ AMCP ☐ Other
5. Your most 3 important hobbies or interests:_____
6. Have you published scholarly work in a peer reviewed journal: ☐ Yes (*attach list*) ☐ No
7. Do you currently hold a valid Pharmacy License in a state? ☐ Yes (name below) ☐ No
   ☐ Pharmacist ☐ Pharmacy Intern ☐ Pharmacy Technician
8. Proficiency in using computer/software programs: ☐ Mac ☐ Statistic Software ☐ Windows
   ☐ Power-Point ☐ Word ☐ Excel ☐ Access ☐ Other

COLLEGE EDUCATION

Institution	City/State	From	To	Degree

PHARMACY SPECIFIC EMPLOYMENT AND/OR EXPERIENCE

Institution	City/State	From	To	Position

CLINICAL ROTATIONS COMPLETED

Type	Weeks	Institution	Preceptor	Email or Phone #
a. Internal medicine				
b. Primary care				
c. Critical care				
d. Psychiatry				
e. Geriatrics				
f. Oncology				

Application Deadline January 20

g. Infectious disease				
h. Cardiology				
i. Drug information				
j. Management				

OTHER ROTATIONS COMPLETED

Type	Weeks	Institution	Preceptor Name	Email or Phone #
a. Community practice				
b. Institutional				
c. Management				
d. Neurology				
e. Nephrology				
f.				
g.				
h.				
i.				
j.				

REFERENCES

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

Name/Title	Institution	Address/Phone Numbers

Applicant signature: _____Date_____

APPLICATION MATERIALS

1. ***Signed Cover Letter*** of interest stating your ***three*** most important professional goals
2. Completed PGY-1 Pharmacy Residency application (***this document***)
3. Curriculum vitae
4. Official pharmacy school transcripts (may be submitted directly)
5. Three (3) completed recommendations (submit directly, or in a sealed envelope with application)

MAIL COMPLETED APPLICATION TO:

Ravi Pathak, PharmD, PhD, BCPS
Pharmacy Administration 119A
VA Salt Lake City Health Care System
500 Foothill Drive
Salt Lake City, UT 84148 (Ravindra.pathak@va.gov)