

## Postgraduate Year One (PGY1) Pharmacy Residency

### **SETTING**

The VA Palo Alto Health Care System (VAPAHCS) is a 900 bed hospital and satellite outpatient clinic complex located in the greater San Francisco Bay Area of California. This major tertiary referral center consists of three medical center divisions and eight satellite outpatient clinics. The Palo Alto Division, located in the foothills of the Coast Range Mountains, is comprised of ambulatory care clinics, as well as medicine, surgery, acute psychiatry, spinal cord injury/polytrauma, geriatric care, hospice, and blind rehabilitation inpatient beds. The Menlo Park Division, located seven miles away from Palo Alto, serves primarily chronic psychiatric, nursing home, respite, and domiciliary patients. The Livermore Division, located 40 miles east of Palo Alto, cares primarily for subacute medicine and nursing home patients. Satellite clinics are located in San Jose, Monterey, Fremont, Livermore, Stockton, Modesto, Sonoma, and Capitola. These clinics provide primary and selected specialty care. The Health Care System is affiliated with Stanford School of Medicine, and the Pharmacy Service has affiliation agreements with the University of the Pacific (UOP), University of Southern California (USC), and Touro University Schools of Pharmacy.

### **PHARMACY SERVICES**

The Pharmacy Service provides 24-hour coverage seven days a week. Patient care is provided by a staff of more than 100 pharmacists, residents, students, and technicians practicing in the inpatient and ambulatory care setting. The pharmacy also provides a Pharmacoeconomics Center, and staff to participate on an array of local, regional, and national committees.

**Inpatient Service.** The decentralized inpatient pharmacy staff provides pharmaceutical care to veterans ensuring patients are educated and drug therapy is monitored. Care plans are developed based on individual patient needs and used in conjunction with computer-generated databases to monitor for drug indication, appropriateness, and achievement of therapeutic outcomes. New orders are evaluated in the context of this information with attention to drug dosing, drug interactions, adverse effects and drug allergies.

Pharmacists' recommendations are communicated on patient care rounds or directly to the medical, surgical, psychiatric, or extended care teams, and documented in electronic progress notes. The pharmacy also provides "code blue" and "e-team" coverage and staff to monitor total parenteral nutrition patients. Drug distribution is accomplished through highly automated, centralized unit dose and USP 797 Compliant, state of the art IV admixture services. By utilizing automation and the technician support staff efficiently in the dispensing functions of the pharmacy, the system provides an opportunity for pharmacists to provide pharmaceutical care to their patients.

**Ambulatory Care.** The Outpatient Pharmacy and Ambulatory Care Sections of the Pharmacy Service provide comprehensive pharmaceutical services for clinic patients, which include primary care management of patients in the General Medicine, Anticoagulation, Diabetes, and Home Based Primary Care (HBPC) Clinics. Our clinical pharmacy coverage includes our HIV Clinic and utilizes innovative telehealth strategies to provide care to patients at remote locations. In 2011, ambulatory care clinical pharmacists began the transition to Patient Aligned Care Teams (PACT), the VA's patient centered medical home model of ambulatory care.

**Education and Training.** Members of the pharmacy staff precept residents and clinical clerkship students. Resident inservices, Journal Club, clerkship student therapeutics and case conferences add to the educational development of the pharmacy staff, residents and students.



### **Mission Statement**

***Upon completion of this residency, the pharmacist will be competent and confident in the provision of direct patient care in a wide spectrum of patient care environments. The pharmacist will be an effective, integral team member as well as efficient at independently solving problems. She/he will demonstrate excellent communication skills, develop clinical precepting skills and be a leader in the education of patients, health care providers and trainees. Leadership skills will be developed through the management of projects and working with administrators of the Pharmacy Service. Essential research skills will be developed and applied to pharmacy practices. Through all of these activities, the pharmacist will effectively utilize a variety of information and automation technologies.***

### **RESIDENCY ACTIVITIES**

The residency is a one-year postgraduate program that provides training and experience in Pharmacy Practice and Education. Patient care responsibilities are foremost; residents also receive instruction and experience in management, managed care, and research. Residents are provided with ample opportunities to teach in clinical clerkship and didactic settings. A research project is required and a focus on economics, epidemiology, outcomes analysis, or health-care policy is suggested, but not mandatory.

### **Required Rotations: Residents may be required to do their rotations at practice sites throughout the entire Health Care System**

**Ambulatory Care (hybrid):** Residents will be assigned to a Patient Aligned Care Teams (PACTs) and be responsible for managing patients with diabetes, hypertension and hyperlipidemia during the longitudinal portion of this rotation (half-day clinic per week, all year long). In addition, to give residents experience in Anticoagulation Clinic, Home Based Primary Care and other assigned speciality clinics (which may include HIV, ESA, Pain, Women's Health clinics), residents will participate in a 7-week rotation in Ambulatory Care. Residents evaluate drug regimens for efficacy, adherence, and adverse effects, make appropriate adjustments in the medication regimen, and order necessary laboratory tests. Outpatient Pharmacy experience includes up to 8 hours per week providing direct patient care. Teaching opportunities include precepting pharmacy students and providing education to patients, caregivers, and staff.

**Internal Medicine (6 days/week, 6 weeks):** Pharmacy residents provide the patient care team with drug information and patient-specific medication recommendations with the goal of improving patient outcomes. Other activities include participating in work and attending rounds, monitoring patient medication therapy, reporting adverse drug reactions, pharmacokinetic monitoring, order verification and performing patient counseling. Teaching opportunities include giving inservices to health care staff and precepting pharmacy students.

**Drug Information (6 weeks):** Residents are responsible for answering health-system drug information requests, writing and editing drug use criteria, conducting medication use evaluations, writing medical center health care policy, and participating in journal club. Residents provide pharmaceutical information and economic analyses for the Medication Management Committee.

**Critical Care (6 days/week, 6 weeks):** Residents participate as active members of an interdisciplinary intensive care team consisting of medicine, surgery and anesthesia physicians, an ICU pharmacist, and a clinical dietician. The patient population consists of both surgical (cardiovascular, general, vascular, neurologic) and medical (cardiology and pulmonary) patients. Learning is focused on hemodynamic monitoring, infectious diseases, fluid and electrolyte balance, acid-base disorders, total parenteral nutrition, and ICU pharmacoconomics.

**Geriatrics (year long):** Residents are responsible for performing monthly medication reviews, optimize medication regimens, and communicate recommendations to providers for skilled nursing and geriatric patients throughout the residency year.

**Managing Pharmaceutical Care: Projects and Conference (year long):** Residents, preceptors, and guest lecturers discuss on a weekly basis various aspects of the changing health care and pharmaceutical care delivery environment. Topics include: pharmaceutical care, disease management, management responsibilities, biostatistics in outcome measurements, and pharmacoconomics. Residents also explore the pharmacist's role in the development of health care policy by serving as an active member of a health care committee throughout the entire year. Committees include: Local P&T Committee, Regional Clinical Pharmacy Specialists Workgroup, Veterans Health Education Committee, Anticoagulation Oversight Team, and the Residency Committee.

**Service:** Residents develop familiarity with order verification and distributive functions throughout the Health Care System. During the second half of the Ambulatory Care rotation, 4 hours per week will be spent in the Outpatient Pharmacy. In addition, each resident will have a concentrated rotation (2 weeks) learning Inpatient Pharmacy operations. Inpatient order verification is integrated into each inpatient clinical rotation. Finally, residents will spend approximately 14 weekend days throughout the year in the Outpatient Pharmacy verifying and checking discharge orders, and educating patients being discharged from the hospital.

### **Elective Rotations (18 weeks, divided into 3-6 rotations)**

**Ambulatory Care:** Additional experience in the ambulatory care clinic setting is provided on this rotation. The resident is able to choose from a variety of settings, including HIV, Erythropoietin Stimulating Agent (ESA), Liver, Cardiac Transplant, Women's Health as well as our Community Based Outpatient Clinics.

**Emergency Room:** The pharmacy resident on the emergency medicine rotation plays an active role in managing patients admitted to the Emergency Department (ED) and Observation Unit (EDOU). In addition to providing team members with drug information and patient-specific medication recommendations, the resident will also participate in patient medication therapy monitoring, medication reconciliation, discharge counseling and assisting the clinical pharmacy specialist when responding to emergencies.

**Infectious Disease (6 weeks recommended):** Residents are active members of the infectious disease consult team and are primarily responsible for evaluating patient medication therapy, pharmacokinetic monitoring, recommending patient specific drug regimens and participating in weekly hospital antibiotic surveillance. Residents attend ID grand rounds presentations, precept pharmacy students, and provide drug information to the health care staff.

**Intravenous Admixture (3 weeks recommended):** Residents gain experience in our USP 797-compliant IV Room with sterile technique, assessing and compounding TPN orders, verifying chemotherapy orders, verifying IV orders, checking their work and the work of pharmacy technicians, and manage workflow.

**Pharmacoconomics:** Residents work in conjunction with the Pharmaco-economic Center to develop and implement strategies to provide a cost-effective pharmacy benefit for our patients and analyze outcomes of these strategies.

**Polytrauma Rehabilitation:** Residents take an active role in the management of patients admitted to the Spinal Cord Injury and Polytrauma services. Activities include participating in daily rounds, monitoring patient medication therapy, reporting adverse drug reactions, pharmacokinetic analyses, and fielding drug information questions. Teaching opportunities include pharmacy student precepting, discharge medication education and medication inservices to healthcare staff.

**Research (up to 4 weeks):** Residents may spend a block of time, and/or opt to use up to 5 "floating days" devoted to their residency project.

**Off-Site Electives:** One elective rotation off-site is available for residents. Residents work with off-site preceptors and the Residency Program Director to develop rotation objectives.

### Benefits

ACLS Certification	Vacation - 13 days / year
Health & Dental Insurance	Sick leave - 13 days / year
Paid educational leave*	All federal holidays off
Free Parking	Lab Coats

\*Residents are paid for their time to attend meetings. Funding to support travel and meeting registration is limited.

### 2011-2012 Residency Class

Vinay Panchal (Pacific)	Samuel Pitak (UCSF)
Benjamin Wang (Pacific)	Kimberly Lui (UCSF)
Priscilla To (Pacific)	Stephanie Roberts (UCSF)
Adele Miles (MCPHS)	

### RESIDENT RESEARCH PUBLICATIONS

A major focus of our program is to enhance the ability of the resident to apply scientific research methods to complete an evaluative project. Projects are selected by the resident and are conducted under the guidance of research preceptors. Past residents' research projects have resulted in many valuable contributions to the medical literature. The following is a sampling:

1. Yiu P, Nguyen NN, Holodniy M. Clinically Significant Drug Interactions in Younger and Older Human Immunodeficiency Virus-Positive Patients Receiving Antiretroviral Therapy. *Pharmacotherapy* 2011;31(5):480-489.
2. Wu PC, Lang C, Hasson NK, Linder SH, Clark DJ. Opioid Use in Young Veterans. *J Opioid Manag* 2010 Mar-Apr;6(2):133-9.
3. Hernández B, Hasson NK, Cheung R. Hepatitis C Performance Measure on Hepatitis A and B Vaccination: Missed Opportunities? *Am J Gastroenterol* 2009;104(8):1961-7.
4. Mathews S, Cole J, Ryono R. Anticoagulation-related outcomes in patients receiving warfarin after starting levofloxacin or gatifloxacin. *Pharmacotherapy* 2006;26(10):1446-51.
5. Khorashadi S, Hasson NK, Cheung RC. Incidence of statin hepatotoxicity in patients with hepatitis C. *Clin Gastroenterol Hepatol* 2006;4:902-7.
6. Yee JL, Hasson NK, Schreiber DH. Drug-related emergency department visits in an elderly population. *Annals of Pharmacother.* 2005; 39(12): 1990-5.
7. Gee MT, Hasson NK, Hahn T, Ryono RA. Outcomes of a tablet splitting program in patients taking HMG-CoA Reductase Inhibitors. *J Managed Care Pharm* 2002;8(6):353-9.
8. Faltermier AM, Hasson NK, Cox D, Lum BL. The impact of a telephone care pharmacy program on health care resource utilization. *JMCP* 2000;6(3):217-21.
9. Puentes E, Puzantian T, Lum BL. Prediction of valproate serum concentrations in adult psychiatric patients using bayesian model estimations with NPEM2 population pharmacokinetic parameters. *Ther Drug Mon* 1999;21:351-4.
10. Gong C, Hasson NK, Lum BL. Impact of a diabetes disease management clinic on the total glycosylated hemoglobin of patients with type 2 diabetes mellitus. *JMCP* 1999;5(6):511-5.
11. Mole L, Ockrim K, Holodniy M. Decreased medical expenditures for care of HIV-seropositive patients: The impact of highly active antiretroviral therapy at a US Veterans Affairs Medical Center. *Pharmacoecon* 1999;16(3):307-15.d
12. Nguyen DP, Hasson NK. Perioperative management of patients on long-term warfarin therapy. *Hosp Pharm* 1999;34(1):103-7.

For more information and application materials:

Randell K. Miyahara, Pharm.D.

Clinical Coordinator, PGY1 Pharmacy Residency Program Director

VA Palo Alto Health Care System, Pharmacy Service (119), 3801 Miranda Avenue, Palo Alto, CA 94304

[randell.miyahara@va.gov](mailto:randell.miyahara@va.gov)

(650) 493-5000, ext. 67303 FAX: (650) 852-3444

[http://www.palo-alto.med.va.gov/hcservices/Pharm\\_Residency.asp](http://www.palo-alto.med.va.gov/hcservices/Pharm_Residency.asp)

## **RESIDENCY PRECEPTORS**

Randell K. Miyahara, Pharm.D., Clinical Coordinator, PGY1 Residency Program Director Dr. Miyahara received his Pharmacy degree from UCSF in 1985 and completed a Clinical Pharmacy Residency at USC in 1986. He joined VAPAHCS in 2005 as an Ambulatory Care Clinical Pharmacy Specialist, and then became the Clinical Coordinator in 2006.

### **Ambulatory Care**

Rebecca Carle, Pharm.D., BCPS, CGP Dr. Carle received her Pharmacy degree from the University of North Carolina at Chapel Hill in 2006 and completed a PGY1 Residency with a focus in Ambulatory Care at Carolinas Medical Center in Charlotte, North Carolina in 2007. She joined VAPAHCS in 2008 as an Ambulatory Care Clinical Pharmacy Specialist.

Tracy Fang, Pharm.D. Dr. Fang received her Pharmacy degree from UCSF in 2002 and completed a Primary Care Residency at the University of Southern California in 2003. She joined VAPAHCS in 2009 as an Ambulatory Care Clinical Pharmacy Specialist in the Erythropoietin Stimulating Agent (ESA) Clinic.

Lisa B. Lee, Pharm.D., BCPS Dr. Lee received her Pharmacy degree from the University of North Carolina at Chapel Hill in 2004 and completed the Carolinas Medical Center Ambulatory Care Pharmacy Practice Residency in 2005 (Charlotte, NC). She has been the Lead Ambulatory Care Clinical Pharmacy Specialist since March 2006.

Nancy M. Shin, Pharm.D. Dr. Shin received her Pharmacy degree from UCSF in 2009 and completed the VA Palo Alto HCS Residency in 2010. She has been an Ambulatory Care Clinical Pharmacy Specialist since 2010.

Kristin To, Pharm.D. Dr. To received her Pharmacy degree from UCSF in 1994 and completed the UC Davis Pharmacy Practice Residency in 1995 and a Primary Care Residency at VA San Francisco in 1996. She has worked as an Ambulatory Care Clinical Pharmacy Specialist since May 1997.

Heidrun Utz, Pharm.D. Dr. Utz received her Pharmacy degree from UCSF in 1989 and completed the VA Palo Alto Pharmacy Residency in 1990. She has been an Ambulatory Care Clinical Pharmacy Specialist since 1992.

Winni Wang, Pharm.D., BCACP

Dr. Wang received her Pharmacy degree from The University of Arizona in 2009 and completed an Ambulatory Care Pharmacy Practice Residency at the Phoenix VA in 2010. She joined VAPAHCS in 2012 as a Clinical Pharmacy Specialist in Ambulatory Care.

Jonathan C. Wong, Pharm.D. Dr. Wong received his Pharmacy degree from the UOP in 2009 and completed the VA Palo Alto Residency in 2010. He has been an Ambulatory Care Clinical Pharmacy Specialist since July, 2010.

Fred Yee, B.S., R.Ph. Mr. Yee received his Pharmacy degree from the UOP in 1981 and completed the VA Palo Alto Residency in 1982. He has been an Ambulatory Care Clinical Pharmacy Specialist since 1984.

### **Critical Care**

Mylinh Ho, Pharm.D., BCPS Dr. Ho received her Pharmacy degree from the UOP in 1999 and completed the VA Palo Alto Residency in 2000. She joined the VA Palo Alto Pharmacy Service in 2000 and works as a Clinical Pharmacist in Critical Care.

Janet Huang, Pharm.D., BCPS Dr. Huang received her Pharmacy degree from the UOP in 2003 and completed the VA Palo Alto Residency in 2004. Her first position with VA Palo Alto was as an Evening Inpatient Clinical Pharmacist and in 2011 became a Clinical Pharmacist in Critical Care.

### **Drug Information/Pharmacoeconomics**

Noelle Hasson, Pharm.D., Pharmacy Benefits Manager Dr. Hasson received her Pharmacy degree from UCSF in 1994 and completed the VAPAHCS Residency in 1995. She has worked as a Clinical Pharmacy Specialist at VA Palo Alto in various positions (Inpatient Medicine, Drug Information, Clinical Coordinator and Pharmacy Benefits Manager) since 1995.

### **Geriatrics**

Kami Nakagiri, Pharm.D. Dr. Nakagiri received her Pharmacy degree from UOP in 2010 and completed a PGY1 Residency at San Francisco VA Medical Center in 2011. She joined VAPAHCS, Livermore Division in 2012 as a Geriatric Clinical Pharmacist.

Rhonda Post, Pharm.D. Dr Post received her Pharmacy degree from UCSF in 1986 and completed a PGY1 Residency at VAPAHCS in 1987. She joined VAPAHCS in 1987 as a Clinical Pharmacist in Geriatrics.

Ariane Wilson, Pharm.D. Dr. Wilson received her Pharmacy degree from UCSF in June 2010 and completed a PGY1 Residency at VAPAHCS in 2011. She joined VAPAHCS in 2011 as a Geriatric Clinical Pharmacist.

Rahel Woldu, Pharm.D., BCPP Dr. Woldu received her degree from University of Colorado Health Sciences Center in 2004. She joined VAPAHCS, Menlo Park Division, in 2007 as a Clinical Pharmacist.

Stephanie Zi, Pharm.D., BCPS Dr. Zi received her Pharmacy degree from UCSF in 2009. She completed her PGY1 Residency at VA San Francisco Medical Center in 2010. She has been a Geriatric Clinical Pharmacist at VAPAHCS since 2010.

### **Hematology/Oncology:**

Raj Joshi, Pharm.D. Dr. Joshi received his Pharmacy degrees, B.S and Pharm.D., from Creighton University in 1984 and 1997, respectively. He has worked as a Hematology/Oncology Program Manager since October 2006.

### **Infectious Disease**

Nancy Nguyen, Pharm.D., BCPS, HIIVE Dr. Nguyen received her Pharmacy degree from Western University in 2002 and completed the UCSF Residency in 2003 and the UCSF HIV/AIDS Pharmacy Specialty Residency in 2004. She has been an HIV and Ambulatory Care Clinical Pharmacy Specialist since 2004 and on the Infectious Disease Consult Team since 2005. She is an Associate Professor of Pharmacy Practice for the UOP School of Pharmacy and coordinates the pharmacy student clerkship program at VAPAHCS.

### **Medicine**

Patti Togioka, Pharm.D., BCPS Dr. Togioka received her Pharmacy degree from UCSF in 2004 and completed her PGY1 Residency at VAPAHCS in 2005. She has worked as a Clinical Pharmacist on our Medicine Service since 2005.

Courtney Lang, Pharm.D., BCPS Dr. Lang received his Pharmacy degree from the University of Georgia in 2006 and completed the Pharmacy Practice Residency at Bronson Methodist Hospital, Kalamazoo, MI in 2007. He served as a Clinical Pharmacist on our Polytrauma Rehabilitation Service from 2007-2011 and has since served on the Medicine Service.

### **Polytrauma/Rehabilitation**

Evan Baker, Pharm.D. Dr. Evan Baker received his Pharmacy degree from UCSF in 2010, and completed a PGY1 Residency at the San Francisco VA Medical Center in 2011. He joined VAPAHCS in 2011 as a Clinical Pharmacist for the Spinal Cord Injury/Traumatic Brain Injury/Polytrauma unit.

### **Psychiatry**

Rachel Grande, Pharm.D. Dr. Rachel Grande received her Pharmacy degree from UCSF in 2003 and completed a PGY1 Residency at VAPAHCS. She joined VAPAHCS in 2008 as a Clinical Pharmacist in Inpatient Psychiatry.

### **Service**

Douglas Dat Ha, Pharm.D. Dr. Ha received his Pharmacy degree from the UOP in 1992. He has been with VAPAHCS since 1992, and is currently a Clinical Pharmacist in the IV Admixtures area.

Kyong Kang, B.S., R.Ph., Inpatient Pharmacy Supervisor Ms. Kang received her Pharmacy degree from the Massachusetts College of Pharmacy in 1983. She joined VAPAHCS in 2001.

Virginia Lee, Pharm.D. Dr. Lee received her Pharmacy degree from UCSF in 1982 and completed the Clinical Pharmacy Residency at VAPAHCS in 1983. She has worked as an Inpatient Clinical Pharmacist at VAPAHCS in various areas, including Outpatient Pharmacy, Medicine, Surgery, Psychiatry, Spinal Cord Injury/Traumatic Brain Injury and currently in the Inpatient Central Pharmacy.

Regina Lo, Pharm.D., Outpatient Pharmacy Supervisor Dr. Lo received her Pharmacy degree from the UOP in 1991. After graduation, she went to work for Kaiser Permanente in Redwood City, California and in 2010 joined VAPAHCS.

Kacy Tran, B.S., RPh, CGP Ms. Tran received her Pharmacy degree from the University of The Sciences in Philadelphia in 1994. She was a Geriatric Clinical Pharmacist at VAPAHCS, Menlo Park Division from April, 2000, and became the Pharmacy Supervisor for the VAPAHCS Menlo Park Pharmacy in December 2011.



**DEPARTMENT OF VETERANS AFFAIRS**  
**Palo Alto Health Care System**  
**3801 Miranda Ave.**  
**Palo Alto, CA 94304**

Dear Residency Candidate:

Thank you for your interest in the Postgraduate Year One (PGY1) Pharmacy Residency at the VA Palo Alto Health Care System (VAPAHCS). Our program participates in the ASHP PhORCAS and National Matching Service and follows the rules associated with those processes. This residency site agrees that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant.

Our eligibility requirements are:

Prior to match:

1. Applicants must be a US Citizen, or should be eligible for citizenship prior to March 1, of the year the residency is scheduled to start.

After match:

1. Return signed Resident Appointment Letter by the stated deadline.
2. Successfully pass a pre-employment physical exam.
3. Pharmacist licensure in at least one state must be secured within 4 months of starting the residency.

Candidates wishing to apply to our program are required to submit the following **via PhORCAS**:

1. A "letter of intent" stating why you are pursuing a residency position in our program (max. 1 page).
2. A current curriculum vitae.
3. A VA Form 10-2850D "Application for Health Professions Trainees" **AND** US Government form OF-306 "Declaration for Federal Employment". These forms are available at <http://www.va.gov/oaa/app-forms.asp>.
4. A current official School of Pharmacy transcript.
5. Three letters of recommendation. These should be from individuals capable of commenting on your professional capabilities, including: academic ability, communication skills, behavioral attributes (leadership, initiative, dependability, ability to handle multiple tasks, etc.), clinical problem solving skills, an assessment of potential capability to perform research, and any other attributes which will assist us in assessing your ability to flourish and succeed in our program. All comments and information will be held in strictest confidence. (The program prefers letters from references, but will accept the ASHP Resident Recommendation form).

**ALL application materials must be postmarked no later than Saturday, January 4, 2013.** Materials received with a date stamp after this date will not be accepted. Incomplete applications are not reviewed. The program will advise applicants with completed applications of their interview status (e.g., invite for interview or no interview) by February 20.

*Please address all correspondence to:* Randell K. Miyahara, Pharm.D., PGY1 Residency Program Director, Pharmacy Service (119), Veterans Affairs Palo Alto Health Care System, 3801 Miranda Ave, Palo Alto, CA 94304. If you have any questions, please contact me at [randell.miyahara@va.gov](mailto:randell.miyahara@va.gov) or (650) 493-5000 x67303.

Again, thank you for your interest in our program and best of luck in obtaining the residency best suited for your professional interests and goals.

Sincerely,

A handwritten signature in blue ink that reads "Randell K. Miyahara".

Randell K. Miyahara, Pharm.D.  
PGY1 Residency Program Director