



APPLICATION FOR ADMISSION
PHARMACY PRACTICE RESIDENCY (PGY1)
DEADLINE FOR APPLICATION: **January 1, 2010**

DATE _____

NAME _____
Last First Middle Initial

Social Security Number

Permanent Address

Temporary Address

Street

Street

City

City

State Zip Code

State Zip Code

Telephone

Telephone

*Please indicate the address to which you would like correspondence sent during the recruitment process by checking the appropriate box.

PHARMACIST LICENSURE
(or anticipated licensure)

(State, Reg. No., Date, Anticipated Exam Date)

GENERAL HEALTH:

Describe any physical impairments or chronic illness which may affect your ability to function as a resident.)

Application for Admission – Rush Pharmacy Residency Program

List colleges or universities attended, dates attended, and degrees conferred or anticipated.

_____	From _____	To _____	Degree _____
_____	From _____	To _____	Degree _____
_____	From _____	To _____	Degree _____
_____	From _____	To _____	Degree _____

EMPLOYMENT OR PREVIOUS RESIDENCIES

List most recent experience first:

<u>Name & Address of Employer</u>	<u>Name & Title of Supervisor/Preceptor</u>	<u>Position Held</u>	<u>Dates of Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of any law violations (other than minor traffic violations)? If yes, explain.

Application for Admission – Rush Pharmacy Residency Program

REFERENCES:

List two or more pharmacist employers/preceptors and at least one colleague/instructor.

Name/Position:

Institution/Location and Address

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Applicants are responsible for requesting and submitting their references to the address below. Letters are preferred, but reference forms are enclosed for those who wish to use them.

Your file will not be screened for an invitation to interview until it contains:

1. A current resume or curriculum vitae.
2. A cover letter discussing what you hope to achieve by completing a hospital pharmacy practice residency and the qualities and traits you possess which you believe would help you be a successful resident.
3. An official transcript of your academic record from each college or university attended.
4. Three reference letters (preferred) or completed reference forms.
5. A passport quality photograph

After your file is complete, you will be contacted to schedule an interview.

Return this application and the information requested to:

Nora Flint, Pharm.D., BCPS, FASHP
Director, Pharmacy Practice Residency Program
Department of Pharmacy
Rush University Medical Center
1653 West Congress Parkway
Chicago, IL 60612