



Postgraduate Year One (PGY1) Pharmacy Residency Application Form

Name: _____ ASHP Match Number (if available) _____

Address: _____

Phone number (primary): _____ (secondary): _____

Email address: _____

Date of availability to begin residency: _____

Education:

Completed clerkship rotations (list rotation, site and preceptor):

Scheduled clerkship rotations (not yet completed)

Licensure/Certifications: _____

Please answer the following questions in the space provided below:

Please list your current practice interests.

Please describe your interest in pursuing a pharmacy PGY1 residency and provide examples of what you hope to accomplish upon completion of the program.

Please indicate your interest in each of the following by ranking the item from 1 to 3:
(One – little to no interest Two – some interest Three – very interested)

Pursuing a Specialty (PGY2) Residency	1	2	3
 Clinical Practice			
Ambulatory Care	1	2	3
Internal Medicine	1	2	3
Critical Care	1	2	3
 Drug Information	 1	 2	 3
 Pharmacy Practice Research	 1	 2	 3
 Teaching			
Didactic Teaching	1	2	3
Experiential Teaching (Precepting)	1	2	3
 Publication	 1	 2	 3
 Pharmacy Administration/Management	 1	 2	 3
 Distribution/Hospital Pharmacy Practice	 1	 2	 3
 Drug Policy and Formulary Management	 1	 2	 3

Please check each box below to indicate that you have completed the initial application requirements:

- St. Elizabeth Health Center Pharmacy PGY1 Residency Application Form*
- Cover letter (letter of intent)*
- Curriculum Vitae*
- Academic Transcripts (may be sent directly from the School of Pharmacy)
- Three letters of Recommendation (sent directly from references) - at least one letter from an employer and one letter from a Doctor of Pharmacy clerkship preceptor

*** These items must be included in the initial application mailing**

Application Deadline is January 15th

To help us schedule interviews in a timely manner, please mail your application as early as possible. Interviews are usually scheduled for January and February, however an interview may also be scheduled for late December if needed.

Please mail your completed application to:

Kristen Longstreth, PharmD, BCPS
 Pharmacy PGY1 Residency Director
 St. Elizabeth Health Center
 Department of Pharmaceutical Services
 1044 Belmont Avenue
 PO Box 1790
 Youngstown, OH 44501-1790