

APPLICATION

RESIDENCY IN PHARMACY PRACTICE

APPLICATION FOR APPOINTMENT JULY 1, 2010, THROUGH JUNE 30, 2011

Name: _____

ASHP Residency Matching Program Applicant # _____

STATEMENTS: *Please address both statements on a separate page.*

- A. Why do you wish to enter this residency program? How will the training you receive relate to your professional goals?

- B. Reflect on a challenging situation (personal or professional) that required you to question your values or assumptions. How did you deal with the situation? What did you learn from the experience?

AGREEMENT: I understand that the program for which I am applying begins July 1st, and continues through June 30th. I also understand that if I accept appointment, I am obligated to complete the entire resident appointment, except in cases of illness or when granted special leave by the program coordinators. If appointed, I will be available to begin the program on the specified dates and will arrange to participate in all phases of the program as required by the program coordinators.

Signature of Applicant

Date