

**SHANDS JACKONVILLE
DEPARTMENT OF PHARMACY**

RESIDENT CANDIDATE APPLICATION

PLEASE PRINT CLEARLY OR TYPE

APPLICATION DEADLINE: _____

I. DEMOGRAPHIC INFORMATION

NAME: _____
LAST FIRST MIDDLE

EMAIL: _____

PRESENT ADDRESS: _____
NO. STREET
CITY STATE ZIP CODE
(AREA CODE) TELEPHONE #

PERMANENT ADDRESS: _____
NO. STREET
CITY STATE ZIP CODE
(AREA CODE) TELEPHONE #

COLLEGE OF PHARMACY: _____
NAME
NO. STREET
CITY STATE ZIP CODE
(AREA CODE) TELEPHONE #

DATE OF GRADUATION: _____

Please indicate your ASHP Residency Matching Program Number _____

Please indicate your program interest: Pharmacy Practice Emergency Medicine/Clinical Toxicology
 Drug Information Primary Care Critical Care Oncology

II. COMPLETION OF THIS APPLICATION REQUIRES THE FOLLOWING:

- A. A current transcript from your college mailed *directly* to the Department of Pharmacy.
- B. A CV containing pertinent educational and work experiences. Include any extra-curricular activities and professional organizations in which you have participated. Also include awards you have received and research in which you have participated.
- C. Three letters of recommendation using the attached forms. Please list the names and titles of the individuals whom you have requested to send letters. At least two letters should be obtained from your college professors/preceptors.

- 1. _____

- 2. _____

- 3. _____

- D. A letter from you telling us a little about yourself, your reasons for becoming a resident, why you should be considered a candidate for the specified program and your long-range goals.

ADDRESS ALL CORRESPONDENCE TO: RESIDENCY PROGRAM, DEPARTMENT OF PHARMACY
SHANDS JACKSONVILLE, 655 W. 8TH STREET, JACKSONVILLE, FL 32209-6511 FAX (904) 244-4272