

PGY1 PHARMACY RESIDENCY APPLICATION

Name: _____ Social Security #: _____
(Last, First, Middle Initial)

Current Address:

City State Zip Code

Telephone: _____

Date effective to: _____

Email: _____

Permanent
Address: _____

City State Zip Code

Telephone: _____

E-mail: _____

APPLICATION CHECKLIST

All applications have to include the following, and are due January 7, 2008.

- Application form
- Letter of intent
- Curriculum vitae
- College transcript
- Letters of recommendation (3)

Will you be able to start the program on July 1, 2008? Yes No

I certify that all information in the application materials is complete and accurate to the best of my knowledge.

Signature _____ Date _____

Please send all completed applications to:

Adrienne Hewryk, Pharm.D.
Residency Program Director
New York Presbyterian Hospital
Department of Pharmacy
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New York, NY 10021
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