

**PGY-2 CRITICAL CARE PHARMACY RESIDENCY APPLICATION**

**NAME:** \_\_\_\_\_  
 (LAST, FIRST, MIDDLE INITIAL)

**CONTACT INFORMATION:**

\_\_\_\_\_  
 CURRENT ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP CODE

\_\_\_\_\_  
 TELEPHONE DATE EFFECTIVE TO

\_\_\_\_\_  
 EMAIL

\_\_\_\_\_  
 PERMANENT ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP CODE

\_\_\_\_\_  
 TELEPHONE EMAIL

**APPLICATION CHECKLIST**

Complete applications are due January 6, 2012 and must include the following:

- APPLICATION FORM
- CANDIDATE PHOTO (OPTIONAL)
- LETTER OF INTENT
- CURRICULUM VITAE
- COLLEGE TRANSCRIPT
- LETTERS OF RECOMMENDATION (3)

I am a licensed pharmacist in the State of New York or am eligible for licensure in the State of New York (U.S. citizen or permanent resident in the U.S.) **YES** **NO**

I am able to start the program on July 1, 2012? **YES** **NO**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Completed applications should be mailed to:  
 Amy Dzierba, PharmD, BCPS  
 Program Director, PGY-2 Critical Care Pharmacy Residency  
 NewYork-Presbyterian Hospital  
 Department of Pharmacy, VC-B  
 c/o Stephanie Tuccillo  
 622 W. 168th St.  
 New York, NY 10032  
 Phone: (212)305-5852  
 Fax: (212)305-7890  
 Email: ald9012@nyp.org

With the exception of official school transcripts, all other application materials may be submitted via email.