

PGY-1 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:
Adrienne Hewryk, Pharm.D., Residency Program Director
New York Presbyterian Hospital
Department of Pharmacy
525 East 68th Street, Rm. K-04
New York, NY 10065-4897
Email: adh9010@nyp.org

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