

PGY-2 SOLID ORGAN TRANSPLANT 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:

Anastasia Anamisis, PharmD, BCPS
Program Director, PGY-2 Solid Organ Transplantation Pharmacy Residency
NewYork-Presbyterian Hospital
Department of Pharmacy, VC-B
c/o Stephanie Tuccillo
622 W. 168th St.
New York, NY 10032
Phone: (212)305-0610
Fax: (212)342-2957
Email: anb9056@nyp.org

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