



# RESIDENCY IN PHARMACY PRACTICE (PGY1)

**2010 - 2011  
APPLICATION**  
Match #133213

LAST NAME	FIRST NAME	MIDDLE NAME
INTERN LICENSE NUMBER	STATE	
ASHP MATCH NUMBER		
E-MAIL ADDRESS		
CURRENT ADDRESS		
(            )		
PHONE (HOME)		
(            )		
PHONE (MOBILE)		

**APPLICATION DEADLINE: JANUARY 5, 2010**

**ALL OTHER MATERIALS DUE: January 19, 2010**

**RESIDENCY BEGINS: July 2010**

I certify that the information submitted in this application and materials following are complete and accurate to the best of my knowledge and that I am officially applying to Hoag Hospital's Pharmacy Residency Program.

I grant Hoag Memorial Hospital Presbyterian permission, if necessary, to request additional information from previous schools and employers concerning my academic record and professional ability.

SIGNATURE	DATE
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## ADDITIONAL APPLICATION INFORMATION

The following items are required and to be appended to this form or sent under separate cover:

1. A current curriculum vitae
2. An essay stating your reasons for applying
3. Official pharmacy school transcripts
4. Two letters of recommendation completed by health professionals who can attest to your practice abilities and aptitudes. Letters may be submitted as free-form letters, or by using the ASHP template form. (Letters to be sent under separate cover to the residency program director)

### PLEASE RETURN APPLICATION AND ALL CORRESPONDENCE TO:

Stephanie Chao, Pharm.D., BCPS, CDE  
Residency Program Director  
Hoag Hospital Pharmacy  
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