## Application for OHSU Pharmacy PGY1/PGY2 HSPAL Program *Please type or print legibly*

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ASHP Residency National Matching Program applicant code number: | | |  | | | | Full Name: |  |  | |  | |  | Last | First | | Middle Initial | |  | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Are you currently licensed as a pharmacist?: |  | Yes |  | No |  | | If yes, State(s) and Date(s) of first licensure: |  | | | | | | | If no, when do you plan on taking the NAPLEX and MPJE exams? |  | | | | | | | Do you have a current Oregon Intern License?: |  | Yes |  | No | | | Yes |  | No |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Are you currently on a Visa that would permit you to work here through July 2022? |  | N/A | Yes |  | No |  |   Applications are selected regardless of race, age, religion, national origin, color, marital status or disability.   **OHSU is an equal opportunity, affirmative action employer.** |

**APPLICATION PROCEDURE:**

Please complete and upload documents to the PhORCAS System. No other method of application is accepted.

Yen Pham, RPh, MBA

PGY1/2 Health-System Pharmacy Administration Residency Program Director

[phamy@ohsu.edu](mailto:phamy@ohsu.edu)

A completed application file is necessary before scheduling for an onsite interview can occur.\* A complete file includes receipt of the following items **no later than December 27th**:

* **This completed application form\*\* uploaded to PhORCAS**
* **Official transcripts from all professional pharmacy education programs\*\* sent to PhORCAS**
* **Current Curriculum Vitae uploaded to PhORCAS\*\* that includes at least:**
* Contact and address information
* Colleges and Universities attended and degrees conferred or expected
* A listing of scheduled and completed clerkships, including length of experience, site, description of activities and preceptor(s)
* Pharmacy work experience including unpaid or volunteer work
* Professional memberships and leadership positions held
* **Three references in PhORCAS\*\*. References MUST follow the recommendations outlined by the OHSU RAC** [**here**](http://www.ohsu.edu/xd/health/services/pharmacy/training/practice-residency/upload/2015-OHSU-RAC-Reference-Writer-Tips-FINAL.pdf)**.**

It is not necessary to have more than three references. At least one of your references should address your patient care skills and one reference must be from an employer (past or current).

* **Your Personal Statement uploaded to PhORCAS**

We understand that applicants are more than the sum of their CV, work history, and academic record. The Personal Statement is an opportunity for applicants to share with the selection committee other important information about themselves. **Please address ALL of the following:**

* + - Describe a particular event or person that inspired you to pursue a Health-System Pharmacy Administration residency.
    - What are your career goals, and how does our program meet your needs?
    - Describe where you see pharmacy practice in 10-15 years and how you can positively impact the profession.
    - What personal interests do you have outside of pharmacy?

**\*An onsite interview is required.**

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***\*\*All* required components of the application file must be uploaded in PhORCAS by December 27th, 2019. Please monitor the status of your application in PhORCAS and make every attempt to complete your application prior to the deadline. We understand that items such as transcripts and references may not be uploaded by the application deadline and that you are relying on other people to complete these tasks for you. You must contact us directly to request consideration of your application file if it is incomplete at the time PhORCAS closes.  We do not begin reviewing applicant’s files until they are complete.**

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| Signature | Date |  |

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge.