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

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| ASHP Residency National Matching Program applicant code number: |  |
| Full Name: |  |  |  |
|  | Last | First | Middle Initial |
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| 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 |  |

Number of total intern hours that you anticipate you will have accrued between completing your first professional year of pharmacy school and July 1: \_\_\_\_\_\_\_\_\_\_\_\_\_ * Number of **school-related intern** hours that you anticipate you will have accrued between completing your first professional year of pharmacy school and July 1:
* Number of **work-related intern** hours that you anticipate you will have accrued between completing your first professional year of pharmacy school and July 1:

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| Are you currently on a Visa that would permit you to work here through July 2021? |[ ]  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.

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 January 1st 2021:**

* **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 Letter of Intent uploaded to PhORCAS**

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

* Describe how a PGY1 residency at OHSU aligns with your personal and professional goals.

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

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***\*\*All* required components of the application file must be uploaded in PhORCAS by January 1st 2021**

**. 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.