



OHSU HOSPITALS AND CLINICS
DOERNBECHER CHILDREN'S HOSPITAL
DEPARTMENT OF PHARMACY SERVICES

Visit our Residency Website:
www.ohsu.edu/xd/health/services/
pharmacy/training/index.cfm

Application for Residency in Pharmacy Practice

Please type or print legibly (you may also request this form as a Word document)

ASHP Residency National Matching Program applicant code number _____

Name _____
Last First Middle Initial

Are you currently licensed as a Pharmacist? [] Yes [] No

If yes, State(s) & Date(s) of first licensure _____

If no:

When do you plan on taking the NAPLEX and MPJE examinations? _____

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: _____

Oregon requires for 2011 graduates and later 1440 hours of internship or one year of practice as a pharmacist for licensure eligibility. For more information about becoming a licensed pharmacist in the state of Oregon, contact the Oregon Board of Pharmacy at (503) 731-4032 or visit www.pharmacy.state.or.us.

Are you currently on a Visa that would permit you to work here through July 2014? [] N/A [] Yes [] No

Applications are selected regardless of race, age, religion, national origin, color, marital status or disability

An equal opportunity, affirmative action employer

APPLICATION PROCEDURE:

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

Rebecca Britton, Pharm.D, BCPS
PGY1 Pharmacy Residency Program Director
linesr@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 January 1st**:

- ❑ **This completed application form uploaded to PhORCAS**

- ❑ **Official transcripts from all professional pharmacy education programs** sent to PhORCAS**

- ❑ **An uploaded copy to PhORCAS of your current Curriculum Vitae or resume 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 and site
 - Pharmacy work experience including unpaid or volunteer work
 - Professional memberships and leadership positions held

- ❑ **ASHP Resident Recommendation Form AND Letters of recommendation from three references* uploaded to PhORCAS**

It is not necessary to send more than three letters of recommendation. Letters should be uploaded to PhORCAS by the letter writer. At least one of your references should address your patient care skills.

- ❑ **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 include in your personal statement:

- (1) Your reason for seeking residency training at OHSU, and
- (2) Any other information you feel the selection committee should consider when reviewing your application.

*** An onsite interview is required. If you are planning to be in the Portland area for interviews, please indicate when you are scheduled to be here and we will try to coordinate interview dates:**

**** All required components of the application file must be uploaded in PhORCAS by this date. 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 letters of recommendation 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.**

Signature X_____ 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.