



The University of Oklahoma College of Pharmacy

Residency Application Instructions

1. Please complete the attached application form and return it and any other requested items by the date listed below for the desired residency program.

**University of Oklahoma Health Sciences Center
College of Pharmacy
Residency Review Committee
c/o Diana L. Randall, MBA, MPH
P.O. Box 26901; 1110 N. Stonewall Ave., CPB 135
Oklahoma City, OK 73126-0901**

2. Compose and forward a letter of intent for the position for which you are applying.
3. Forward transcripts of all academic work while enrolled in a college or school of pharmacy or a graduate program.
4. Provide your curriculum vitae.
5. Provide at least three letters of recommendation from individuals who have first-hand knowledge of your professional abilities and character.
6. Residency programs normally begin June 30 of each year; however, some flexibility in the reporting date is allowed and may be handled on an individual basis.
7. Licensure in Oklahoma is required for all residency programs.
8. On-site interviews are strongly encouraged. Transportation to and from Oklahoma City or Tulsa will be at the applicant's expense. Food and lodging will be provided by the college. The college will arrange for a mutually convenient date for your interviews and institutional visit.
9. If you have any questions regarding any of our residency programs, please contact Diana Randall, Special Programs Coordinator, at diana-randall@ouhsc.edu, or by telephone at (405) 271-6484 ext. 47288.
10. Applications for all residency programs are due no later than **January 4, 2010**. Applicants may need to register with the ASHP Matching Program (available on-line at <http://www.ashp.org>). *

* **Register with the matching program if you are applying for PGY1; PGY1 Community; PGY2 Ambulatory Care; PGY2 Cardiology; PGY2 Internal Medicine; or PGY2 Pediatrics.**

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APPLICATION

POST-PHARM.D. RESIDENCIES

**UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
COLLEGE OF PHARMACY**

(Please type or print. Use additional sheets where necessary.)

1. **Residency for which you are applying** _____

2. **Campus Location:** (circle one) **Oklahoma City** **Tulsa**

3. **Name**

First Name MI Last Name

4. **Demographics**

Male _____ Female _____ Date of Birth _____ Birthplace _____

5. **Current Address (Residence)**

Mailing Address City State Zip

Contact Phone Personal Email Address

6. **Business/Academic Address**

Department University

Room # Street Address

City State Zip

Business/Academic Phone

7. **Permanent Address (where mail will always reach you)**

Mailing Address City State Zip

8. Education

List all colleges and universities attended with dates of attendance, major, and degree earned.

College/University	Dates Attended	Major	Degree/Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Professional Employment

List, in reverse chronological order, your last four employers in the pharmacy or health care field. Include residencies and/or fellowships.

Position	Institution	City/State/Zip	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Clinical Training and Experience

A. If not included in your curriculum vitae, list the number of weeks, average number of hours/week and areas of clinical rotations during your Pharm.D. training.

B. If not included in your curriculum vitae, list the number of weeks, average number of hours/week and areas of post graduate clinical experience.

11. Research

A. Briefly describe any previous research experience.

B. List any additional areas of research interest.

12. Teaching Experience

List any classroom, laboratory or clinical teaching responsibilities you have had.

13. Please provide the following information:

Grade Point Averages:

Pre-pharmacy: _____ Pharmacy: _____ Pharm.D.: _____

Exact GRE Scores: Verbal: _____ Quantitative: _____ Analytical: _____

(Note: GRE is not required for acceptance into a Residency Program)

14. List the state(s) and license number(s) where you are registered as a pharmacist.

State	License Number

15. List academic or professional honors and date of receipt.

16. List any academic or professional offices held.

17. I (___) would (___) would not be able to interview at the University of Oklahoma Health Sciences Center College of Pharmacy if invited.

18. I will be available to begin the Residency on _____, 20_____.

I certify that all the above information is complete and correct.

Applicant Signature

Date