



PHARMACY RESIDENCY PROGRAM APPLICATION

INSTRUCTIONS FOR COMPLETING PROGRAM APPLICATIONS

GENERAL INSTRUCTIONS: Please type or print clearly all entries on the application.

PHOTOGRAPH: It is optional for you to attach a passport size photograph to the application. It will be returned to you after the match process if you request. The photograph will assist us in recalling you and your interview when all candidates are considered.

TRANSCRIPT (PGY-1 applicants only): Submit a transcript of PharmD curriculum completed. Due to the holiday season, many university registrar offices will be closed during the time period when you will be requesting a transcript. Therefore, in order to expedite the process, you may submit a transcript that does not include the most recent semester's coursework. A current transcript will then be required on the day of your interview.

LETTER OF INTENT: Enclose a letter of intent stating your professional goals, both short term and long term. Also include why you want to pursue residency training and why you are specifically interested in Children's National Medical Center.

CURRICULUM VITAE: Enclose a copy of your current CV. It should include (but not limited to) schools or universities attended (included dates), degrees conferred or expected, honors and awards, extracurricular activities, your work experience, clinical rotations (taken or scheduled), and other pertinent information.

RECOMMENDATIONS: Three letters of recommendation are required, at least one of which are from a previous pharmacy employer (or residency program director for PGY-2 applicants) and two from clinical faculty or rotation preceptors.

INTERVIEW: An on-site interview at Children's National Medical Center is required. Applicants will be invited to interview based upon their applications and letters of recommendation at a mutually convenient time between mid-January to early March.

DEADLINE/SUBMISSION: Application, CV, transcript, and three letters of recommendation must be received by **January 8** to:

Katherine Pham, PharmD, BCPS
Director, Pharmacy Residency Programs
Children's National Medical Center - Division of Pharmacy
111 Michigan Ave NW, M4848
Washington, DC 20001
office 202-476-4642
fax 202-476-2260
email: kpham@childrensnational.org



PHARMACY RESIDENCY PROGRAM APPLICATION

Name: _____
Last First Middle

E-mail: _____

* **Permanent Address:**

Street

City/State/Zip

Telephone

Passport size
Photograph
(optional)

* **Present Address:**

Street

City/State/Zip

Telephone (home)

(work)

*Please indicate your preferred mailing address during the recruitment.

Applicant Match Information

Please indicate the program you are applying to:

- PGY-1 Pharmacy Practice Residency
- PGY-2 Pediatric Pharmacy Residency
- PGY-2 Health-System Administration Residency

ASHP Matching Number:

Area (s) of practice interest:



LICENSURE:

Pharmacy residents at Children's National Medical Center are expected to take the state board exam **in the District of Columbia** in late June immediately prior to beginning the residency program or be eligible for reciprocity. Washington, DC requires 1000 hours of pre-licensure professional practice in a program administered by a college of pharmacy approved by ACPE, or 1500 hours of independent pre-licensure professional practice under the supervision of a licensed pharmacist, or two rotations totaling 660 hours of pre-licensure professional practice administered by a college of pharmacy accredited by ACPE and 550 hours of independent pre-licensure professional practice under the supervision of a licensed pharmacist. To be eligible to reciprocate licensure from another state, the applicant must furnish proof that the applicant's credentials have been certified by NABP and furnish proof that the applicant is licensed or registered to practice pharmacy in the jurisdiction where the pharmacy license was earned. For more information, see the following website:

<http://hpla.doh.dc.gov/hpla/site/default.asp?hplaNav=|30659|>

Describe your current pharmacist licensure status, noting current licensure state, or anticipated date of licensure exam. If not yet licensed, describe how you meet the requirements to take the District of Columbia board exam.

RECOMMENDATIONS:

Provide each individual writing a recommendation with a copy of the enclosed Residency Applicant Recommendation Request Form. They will send their letter of recommendation directly to Children's National Medical Center.

List the names and e-mail addresses of those individuals whom who have asked to write a letter of recommendation on your behalf.

- 1.
- 2.
- 3.

