

**The University of Michigan Hospitals and Health Centers
and College of Pharmacy
Application for Pharmacy Practice Residency (PGY1)**

Applicant's
ASHP Match #:

Applicant Name: _____ Social Security Number: _____
(Last, First, Middle Initial)

U.S. Citizen or Resident If not, Visa Type: _____ Visa Expiration Date: _____

Current Address: _____

Current Phone Number: _____ Phone Number Effective Through: _____, 200__

Permanent Address: _____

Permanent Phone Number: _____ E-mail Address: _____

Below, rank the date(s) you will be available for an on-site interview (1 = first choice). You will be contacted once your application packet has been reviewed. If there is a change in your availability, please contact us *immediately*. **Monday and Friday dates are reserved for out-of-town candidates.**

_____ Monday, January 21, 2008	_____ Wednesday, January 16, 2008	_____ Friday, January 18, 2008
_____ Monday, January 28, 2008	_____ Wednesday, January 23, 2008	_____ Friday, January 25, 2008
_____ Wednesday, February 6, 2008 (U of M students only)	_____ Wednesday, January 30, 2008	_____ Friday, February 1, 2008
		_____ Friday, February 8, 2008

Checklist

All material (except letters of recommendation and transcripts) must be submitted via ctools (ctools.umich.edu) by Friday, January 4, 2008.

- Completed application form
- Up-to-date curriculum vitae
- Official copy of transcripts sent to Co-Chair of the Residency Advisory Committee at the address listed below
- Letter of intent describing your experiences, professional goals and reasons you are seeking a residency
- Three letters of recommendations in standard letter format sent from the recommender electronically to: kriklein@umich.edu.
Addressed to: Kristin Klein, PharmD, Co-Chair, Residency Advisory Committee; University of Michigan Hospitals and Health Centers; Pharmacy Services; MCHC F2758 Box 0221; 1500 East Medical Center Drive; Ann Arbor, Michigan 48109-0221
- Please follow up with a signed hard copy.
- I will be available for an on-site interview
 - For U of M students:** I will be available for an on-site interview on Wednesday, February 6, 2008
- I will be available to begin the program on Tuesday, July 1, 2008
- I am eligible for Pharmacy Licensure in the State of Michigan (deadline September 1, 2008)
- I certify that all information in the application material is complete and accurate to the best of my knowledge

Applicant Signature: _____ Date: _____

Send ALL materials via Ctools (ctools.umich.edu)

For further information and application material, see our website at www.pharm.med.umich.edu
If you have any questions regarding the residency program, e-mail Kristin Klein, PharmD, Co-Chair, Residency Advisory Committee at kriklein@umich.edu.