

Applicant's
ASHP Match #:

**The University of Michigan Hospitals and Health Centers
and College of Pharmacy
Pharmacy Specialty Residency Programs (PGY2) Application**

PLEASE CHECK ONLY ONE THAT APPLIES:

Critical Care

Program Director: Imad Btaiche, PharmD (imadb@umich.edu)

Drug Information Practice

Program Director: Burgunda Sweet, PharmD (gsweet@umich.edu)

Hematology/Oncology

Program Director: Emily Stuntebeck, PharmD (estunteb@umich.edu)

Infectious Diseases

Program Director: Daryl DePestel, PharmD (daryldd@umich.edu)

Pediatric Pharmacotherapy

Program Director: Regine Caruthers, PharmD (rcaruthe@umich.edu)

Pharmacy Informatics & Technology

Program Director: Scott McCreadie, PharmD, MBA (srmc@umich.edu)

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 has been reviewed. If you are not available on these dates or there is a change in your availability, please contact us *immediately*.

_____ 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, January 30, 2008	_____ Friday, February 1, 2008
		_____ Friday, February 8, 2008

Checklist

All material (except letters of recommendation and transcript) 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
- Letter of intent describing your experiences, professional goals and reasons you are seeking a residency
- Three letters of recommendations **addressed to** the Specialty Residency Program Director sent from the recommender electronically to: kriklein@umich.edu **addressed to** the program director at University of Michigan Hospitals; Department of Pharmacy; UHB2D301 Box 008; 1500 E. Medical Center Drive, Ann Arbor, MI 48109-0008.

Please follow up with a signed hard copy.

- I will be available for an on-site interview
- 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 materials is complete and accurate to the best of my knowledge

Applicant Signature: _____ Date: _____

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

If you have questions regarding the specific specialty residency program, e-mail the Specialty Residency Program Director. For further information and application material, see our website at www.pharm.med.umich.edu

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