



Residency Program Application

PGY1 Residency Match Number: 172513

PGY2 Critical Care Residency Match Number: 619752

All Application Materials Are Due By January 2nd

INSTRUCTIONS: This application form may be used to apply for either the PGY1 Pharmacy Residency or PGY2 Critical Care Pharmacy Residency program.

1. Saint Joseph Hospital will accept residency applications submitted electronically either through:
 - a. ASHP's Pharmacy Online Residency Centralized Application Service (PhORCAS)

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 - b. Submitted directly to the appropriate Residency Program Director.
2. **If applying through ASHP's PhORCAS system**, upload this completed Saint Joseph Hospital Residency Program Application form along with all other materials required by PhORCAS to the PhORCAS website.
3. **If applying directly to the Residency Program Director and not applying through ASHP's PhORCAS system:**
 - a. **Email** the following application materials to the appropriate Residency Program Director (see email contact information below):
 - Personal Cover Letter
 - Curriculum Vitae
 - Completed Saint Joseph Residency Program Application
 - b. Download the Recommendation Cover Form document from the Saint Joseph Hospital Pharmacy Residency application webpage: (<https://www.chisaintjosephhealth.org/sjh-residency-application>). Provide this form electronically to your three professional references. The Recommendation Cover Form document includes instructions for how references should submit their letters of recommendation.
 - c. **Mail a hard copy** of your Official University Transcripts to the appropriate Residency Program Director (see mailing addresses below):

<u>PGY1 Residency Program Director</u>	<u>PGY2 Critical Care Residency Program Director</u>
Kevin Poe, PharmD, BCPS Clinical Pharmacy Manager PGY1 Residency Director Department of Pharmacy Saint Joseph Hospital One Saint Joseph Drive Lexington, KY 40504 Email: Kevin.Poe@chisaintjosephhealth.org	Shawn King, PharmD, BCPS Clinical Pharmacy Specialist, Critical Care PGY2 Critical Care Residency Director Department of Pharmacy Saint Joseph Hospital One Saint Joseph Drive Lexington, KY 40504 Email: Shawn.King@commonspirit.org

Saint Joseph Hospital, as part of CommonSpirit Health™, is an Equal Opportunity/ Affirmative Action employer committed to a diverse and inclusive workforce. All qualified applicants will be considered for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, marital status, parental status, ancestry, veteran status, genetic information, or any other characteristic protected by law.

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PGY1 Residency Match Number: 172513

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Resident Applicant Name:

Applicant Matching Program Number:

Resident Candidate Is Applying For: PGY1 Pharmacy Residency
 PGY2 Critical Care Pharmacy Residency

Colleges/University Attended (List In Reverse Chronological Order):

Name and Location	Inclusive Dates	Major	Degree Obtained	GPA
	to			
	to			
	to			
	to			

Work Experience (List In Reverse Chronological Order):

Firm/Institution and Location	Inclusive Dates	Supervisor & Contact #	Job Title
	to	() - ext:	
	to	() - ext:	
	to	() - ext:	
	to	() - ext:	

Licensure:

Pharmacy residents at Saint Joseph Hospital are expected to complete the licensure process for the Commonwealth of Kentucky (including NAPLEX and MPJE) or begin the reciprocity process prior to beginning their residency. Contact the **Kentucky Board of Pharmacy (502-564-7910)** to determine your eligibility for licensure in Kentucky and associated exam dates.

If applicable:

States currently licensed: _____ Year First Licensed: _____ Date eligible for reciprocity: _____

"I understand that licensure in the Commonwealth of Kentucky is a required component of the Residency at Saint Joseph Hospital and I will take the steps necessary to become eligible for licensure prior to program initiation."

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Please indicate your top three fields of interest (not applicable for PGY2 applicants):

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Immunology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Neurology/Stroke | <input type="checkbox"/> Pharmacokinetics |
| <input type="checkbox"/> Drug Information | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Other _____ |

Use the spaces below to answer the following questions:

1. Describe how you contributed to patient care on one specific situation during the past year.
2. In the spaces provided below, describe your practical pharmacy experience related to the following categories:

Community Practice:

Hospital Practice (IV admixture, unit dose, distribution, automation, computer skills, etc.):

Other Experience (research, administration, industry, teaching, speaking, etc.):

3. What are your expectations of a residency program? Include both program and preceptor expectations. Also list specific achievements you hope to accomplish during your training experience.
4. What is your opinion about performing the following required activities of the pharmacy residency?

In-services:

Inpatient Pharmacy Practice (i.e. Staffing):

Research Project and Manuscript Writing:

Didactic and Experiential Teaching (Student and Healthcare Professional):