



Residency Program Application

PGY1 Residency Match Number: **323413**

PGY2 Critical Care Residency Match Number: **719352**

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 through ASHP's Pharmacy Online Residency Centralized Application Service (PhORCAS).
2. Candidates must upload the following items to the PhORCAS website:
 - a. Personal Cover Letter
 - b. Curriculum Vitae
 - c. Completed Residency Program Application (this form)
 - d. Official Academic Transcripts
 - e. Any other content requested by PhORCAS
3. Application Deadline: **January 2nd**

PGY1 Pharmacy Residency Program Director Contact Information:

Kevin Poe, PharmD, BCPS
Clinical Pharmacy Manager
PGY1 Residency Director
Department of Pharmacy
Saint Joseph Hospital
One Saint Joseph Drive
Lexington, KY 40504
859-313-2181
Email: Kevin.Poe@commonspirit.org

PGY2 Critical Care Residency Program Director Contact Information:

Shawn King, PharmD, BCPS, BCCCP
Clinical Pharmacist Specialist
PGY2 Critical Care Residency Program Director
Department of Pharmacy
Saint Joseph Hospital
One Saint Joseph Drive
Lexington, KY 40504
859-313-7651
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Residency Program Application

PGY1 Residency Match Number: **323413**
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Resident Applicant Name:	
Applicant Matching Program Number:	
Resident Candidate Is Applying For:	PGY1 Pharmacy Residency PGY2 Critical Care Residency

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

Name & Location	Dates	Major	Degree Obtained	GPA

Work Experience (List In Reverse Chronological Order):

Firm/Institution and Location	Dates	Supervisor & Contact #	Job Title

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 practice interest (not applicable for PGY2 applicants):

- Administration/Management
- Ambulatory Care
- Cardiology
- Critical Care
- Drug Information
- Endocrinology
- Infectious Diseases/Antimicrobial Stewardship
- Internal Medicine
- Neurology/Stroke
- Nutrition
- Pain Management/Opioid Stewardship
- Pediatrics
- Other: _____

Use the spaces below to answer the following questions:

1. Describe how you contributed directly to patient care in one specific situation during the past year.

2. 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.):

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3. What are your expectations of a residency program? Include both program and preceptor expectations. Also list any accomplishments you hope to achieve during your training experience.

4. What is your opinion about performing the following required activities of the pharmacy residency?

Inpatient Pharmacy Practice (i.e. Staffing):

Resident Major and Minor Project Requirements (e.g. MUE, Research Project, etc.):

Didactic/Experiential Teaching and Inservices (Student and Healthcare Professional):