



PRIMARY CARE RESIDENCY
COASTAL MEDICAL, INC.

in affiliation with the
University of Rhode Island
College of Pharmacy



Mail Residency Application Materials to:
Anne VanHaaren, PharmD, CDOE
Director of the Pharmacy Care Management Program
Coastal Medical
10 Davol Square, Suite 400
Providence, RI 02903

PRIMARY CARE SPECIALTY RESIDENCY

(Due: January 15th)

APPLICANT INFORMATION:

Name: *(last, first, middle initial)* _____

Home Address:

Address 1 _____

Address 2 _____

City, State, Zip _____

Communication:

Email _____

Phone _____

Fax _____

Pager _____

EDUCATION INFORMATION:

Pharmacy Degree Program: (check all that apply) BS Pharm.D. MS PhD

Other Degrees: _____

Date of expected graduation (*month, day, year*): _____

RESIDENCY EXPERIENCE:

Pharmacy Practice Residency Completed?

Yes No

If "Yes", indicate dated completed and location:

Location: _____ **Date:** _____

Specialty Residency Completed?

Yes No

If "Yes", indicate dated completed and location:

Location: _____ **Date:** _____

APPLICATION REQUIREMENTS: (Please check off that they are completed)

- Completed application form (this page)
- Letter of intent describing personal goals as they relate to specialized residency training in primary care
- Curriculum Vitae*
- Three letters of recommendation (2 from faculty and 1 from an employer)
- College transcript

Please indicate the individuals who will be sending letters of recommendation on your behalf:

1. _____

2. _____

3. _____

Candidates must be eligible to obtain a pharmacy practice license in Rhode Island. All candidates will be required to provide documentation verifying eligibility for employment in the United States. Coastal Medical and URI College of Pharmacy are equal opportunity employers.