

APPLICATION FOR CVS COMMUNITY PHARMACY RESIDENCY: Due March 1, 2006

Name _____
Home Address _____ School Address: _____

Home Telephone: _____ School Telephone: _____
Email: _____
Fax: _____
Cell Phone/Pager: _____

Address where information should be sent: home school

Education:

Pharmacy school attended: _____

Pharmacy Degree Program: (check all that apply) BS PharmD MS PhD

Other Degrees: _____

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

Residency Experience:

Pharmacy Practice Residency Completed? Specialty Residency Completed?
 Yes No Yes No

If Yes, indicate date completed and location: If Yes, indicate date completed and location:
Location: _____ Date: _____ Location: _____ Date: _____

Please be sure to include all of the following:

- Completed application form
- Curriculum vitae
- Letter of intent
- 3 letters of recommendation (2 faculty, 1 employer)
- Writing Sample

Thank you again for your interest in our program. Please electronic or US mail all of the above to the address below.

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