

# APPLICATION FOR PHARMACY RESIDENCY PROGRAM

Name of Applicant: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Education:

College or University	Dates Attended	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Application Information

Inquiries, applications and materials should be directed to:

Ann M. Ebert, Pharm.D.  
Program Director  
PGY 1 Pharmacy Residency  
Meriter Hospital, Department of Pharmacy  
202 S. Park Street  
Madison, WI 53715  
Phone: 608-417-6652 Fax: 608-417-6022  
E-mail: aebert@meriter.com

Applications should include the following items:

1. Letter of intent (including why you want to complete a residency program and what aspects of Meriter's program appeal to you)
2. Residency application form
3. Curriculum vitae
4. Official college transcripts
5. Three written letters of recommendation (not a standard form)
6. Examples of 2 projects you have completed during pharmacy school (i.e.. Case presentation with discussion, newsletter article, drug evaluation, etc.)

The deadline for items 1-3 is January 5

The deadline for items 4-6 is January 15

I certify that the information submitted in this application is complete and accurate to the best of my knowledge and belief. I grant Meriter Hospital permission, if necessary, to request additional information from previous schools and employers concerning my academic record and professional ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_