



Pharmacy Practice Residency Application

(Please type -or- print legibly)

Name: _____ Date: _____

Address: _____

Phone: (____) _____ - _____

Fax: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail: _____

Please complete this form and submit the following items by **January 5, 2009**.

1. Intermountain Healthcare Employee Application Form

This process must be completed on-line at www.intermountainhealthcare.jobs (instruction sheet included in packet)

2. Curriculum Vitae

3. Three recommendations on the ASHP Residency Applicant Recommendation Request Form

We request that each individual submitting your recommendation fill out the ASHP standardized form included in this packet. If they so desire, these individuals may also choose to write a letter to accompany this form. Please list the names of the individuals who will be submitting your recommendations, their relationship to you, and the date you requested the recommendation.

	Name	Relationship	Date Requested
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

4. College of Pharmacy transcripts – Date you requested these to be sent: _____

5. Short Essay – Please briefly describe how you feel a residency will help you achieve your short and long term career goals.

6. Program Interest - Indicate interest in the following Residency Programs (check all that apply): PGY1 Adult Hospitals _____, PGY1 Pediatric Hospital (PCMC)_____, PGY1&2 Pharmacy Admin_____

Please have all items sent to: Richard H. Ensign II, PharmD, BCPS
Pharmacy Services Manager & Residency Program Director
Intermountain Healthcare
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Salt Lake City, Utah 84111
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E-mail: richard.ensign@imail.org