

DEADLINE

January 15, 2008

PROCEDURE

Complete this application form and return it with a copy of your curriculum vitae and letter of intent by the application deadline. Please include all pharmacy clerkship experience on curriculum vitae. The letter of intent should discuss your professional career goals and your reasons for pursuing the residency at Baptist Memorial Hospital Memphis.

Request an original copy of your BS and PharmD program transcript to be mailed to the address listed below.

Request three letters of recommendation to be mailed to the address listed below. Preferably, two letters should be from clinical clerkship preceptors. The third letter may be from either another faculty member or from a supervisor at your place of employment.

For the pharmacy practice residency, it is the responsibility of the prospective applicant to complete the separate registration with the ASHP residency-matching program (www.natmatch.com/ashprmp) in order to be considered eligible for the pharmacy program at Baptist.

APPLICATION INFORMATION

Please print or type the following information:

Name: _____

Address: _____

Phone Number(s): _____ E-Mail: _____

RESIDENCY OF INTEREST

Please check one box:

- Pharmacy Practice Residency
- Practice Management Residency (2-year program)

EDUCATION

B.S. Year _____ School: _____

Pharm.D. Year _____ School: _____

Post-graduate training Year _____ School: _____

Other Year _____ School: _____

PROFESSIONAL REFERENCES

Name _____ Title _____
Telephone _____ E-mail _____

Name _____ Title _____
Telephone _____ E-mail _____

Name _____ Title _____
Telephone _____ E-mail _____

Send completed residency application to:

Baptist Memorial Hospital – Memphis
Department of Pharmacy
Attn: Residency Coordinator
6019 Walnut Grove Road
Memphis, TN 38120