



U.S. Department of Veterans Affairs

Veterans Health Administration
Central Arkansas Veterans Health Care System
VISN 16 | Little Rock, AR

Pharmacy Residency Application

PGY1 Program

2021-2022 Academic Year



PGY1 Applicant Name: _____
Last First MI

Preferred email address _____ (PLEASE TYPE OR PRINT CLEARLY)

Current Mobile Number: _____

Below, rank the dates you will be available for an interview for the PGY1 program (1 = first choice, etc). Date preferences will be considered on a first come, first served, basis. You will be contacted once your application packet has been reviewed.

____ Tuesday, February 2, 2021 ____ Thursday, February 4, 2021 ____ Tuesday, February 9, 2021
____ Friday, February 12, 2021 ____ Wednesday, February 17, 2021

Checklist

All materials must be uploaded to PhORCAS by January 3rd.

- * This completed application form (available from our website)
- * Current curriculum vitae
- * Official transcript from a U.S. accredited pharmacy program
- * Letter of intent addressed to the Residency Program Director describing your experiences, professional goals and reasons you are seeking a residency at CAVHS
- * Proof of U.S. Citizenship (i.e. copy of birth certificate, passport, or social security card)
- * Three references using the recommendation form in PhORCAS
- * Application form, proof of citizenship, and license may be scanned as one pdf and uploaded into supplemental documents

By signing below, the applicant acknowledges that:

I understand candidates will be notified of interview status after January 8th, but no later than Jan 11th.

Interviews will be held virtually through Webex or MS Teams, requiring a webcam and functionality for audio.

I will be available to begin the program on **July 6, 2021**.

I will be eligible for pharmacy licensure in one of the 50 United States (deadline for licensure- 90 days from start of residency).

I certify that all information in the application material is complete and accurate to the best of my knowledge.

I will contact Central Arkansas Veterans Healthcare System immediately if there is a change in my availability as stated above.

Applicant Signature: _____ Date: _____

For further information, see our website at <http://www.littlerock.va.gov/services/pharmacy/residency.asp>. If you have any questions regarding the residency program, e-mail Angela Gordon at Angela.gordon@va.gov.