



U.S. Department of Veterans Affairs

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

2020-2021 Pharmacy Residency Application PGY2 Programs



PGY2 Applicant Name: _____
First Last MI

Preferred E-mail Address: _____ (PLEASE PRINT CLEARLY)

Current Mobile Number: _____

To which program are you applying?

☐ Ambulatory Care ☐ Geriatrics ☐ Palliative Care/Pain Management

Below, rank the dates you will be available for an on-site interview for the PGY2 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.

___ Friday, January 24, 2020 ___ Wednesday, January 29, 2020 ___ Friday, January 31, 2020

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 appropriate 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 (One must be from your PGY1 RPD)

By signing below, the applicant acknowledges that:

I understand candidates will be notified of interview status after January 8th but no later than Jan 14th.

I will be available for an on-site interview.

I will be available to begin the program on a date agreed upon with the RPD after completion of a PGY1 program.

I am a licensed pharmacist in the United States.

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

I will contact CAVHS 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.