



**University of Georgia College of Pharmacy
PGY-2 Ambulatory Care Residency Application**

NAME: Last, First M.I. **NMS Match Code:**

Present Address Street Apt. **Telephone:**

City State Zip Code **Cell:**

Permanent Address Street Apt. **E-mail:**

City State Zip Code **Telephone:**

Date of Birth: Birthplace: **Citizenship:**

Educational History

Names of all colleges and/or professional schools attended	Location	<u>Dates Attended</u> From / To	If graduated give date	Degree and/or major field of study
			®	

Pharmacy Related Work Experience

Position	Employer	Dates Employed	Reason for leaving
	Name	From:	
	Address	To:	
	Name	From:	
	Address	To:	
	Name	From:	
	Address	To:	

Licensure Status

State	Certificate Number	Date Granted

List specific areas of interest in pharmacy:

All required application materials, listed below, must be electronically submitted on PhORCAS:

<https://portal.phorcas.org/>

1. **This completed application form.**
2. **Letter of intent** stating reasons for pursuing an ambulatory care residency and how this program will meet your needs.
3. Updated **curriculum vitae**
4. **Three letters of reference.** The letters must be uploaded on PhORCAS by each individual reference. Letters from preceptors, faculty and practitioners are preferred.
5. Official copy of college of pharmacy/university **transcripts.**

Application Deadline: **January 15**

The University of Georgia, College of Pharmacy is an equal opportunity employer and does not discriminate on the basis of race, religion, sex, age, national origin or disability.

I certify that I hold a pharmacist license and am in good standing with the respective Board of Pharmacy. Furthermore, I certify that the responses on this application form and all accompanying materials are true to the best of my knowledge, and I am aware that any knowing falsification heron may result in denial of acceptance or continuation in the residency program.

NOTICE: By submitting this document online to **PhORCAS**, you are certifying and agreeing to the above.

Name:

Date:

Program Director: Beth Bryles Phillips, Pharm.D., FCCP, BCPS

Clinical & Administrative Pharmacy

Athens, Georgia 30602

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