

**ST. JOSEPH'S/CANDLER
PHARMACY RESIDENCY APPLICATION**

This company is an equal opportunity employer and does not discriminate on the basis of race, creed, color, age, sex, disability or national origin

- PGY1 residency program PGY2 residency program

Required Application Materials:

- Completed Application
- Recent Photo
- Applicant Statement
- Reference Letters (3)
- Transcripts
- Curriculum Vitae

DEADLINE: January 10th for receipt of all application materials

Email a recent photo of yourself (with your PhORCAS Application number in the subject line) to Dr. Hal Richards. His email address is: richardsh@sjchs.org

PERSONAL INFORMATION (Print Clearly)

| |
|---|
| Name: |
| Address: |
| |
| Home Phone: () Cell Phone: () |
| Social Security Number: |
| Email Address: |

COLLEGE/UNIVERSITY EDUCATION

| Educational Institution (include city and state) | Dates Attended | Degree or Major |
|---|-----------------------|------------------------|
| | | |
| | | |
| | | |

ASHP MATCH NUMBER:

LICENSURE AND CERTIFICATION

| Type of license/certification | Date Issued | Date Expires |
|-------------------------------|-------------|--------------|
| | | |
| | | |
| | | |

REFERENCES:

- You are required to provide 3 references who can attest to your professional credentials and personal attributes regarding your desire to complete this residency.
- Each reference should complete and submit their recommendation letter to be received by us no later than January 10th.
- Please list the names and affiliations of your three references below.

1.

2.

3.

If you are selected for an on-site interview, please indicate the dates that would be most convenient for you to visit our health system.

1st Choice:

2nd Choice:

3rd Choice:

Please complete the included Applicant Statement and submit with your application.

PLEASE SUBMIT ALL MATERIALS TO:

(Application materials may be submitted via email or regular mail)

PGY1: Denise E. Daly, PharmD
Director, PGY1 Residency Program
dalyd@sjchs.org

PGY2: Hal Richards, PharmD, BCNSP
Director, PGY2 Residency Program
richardsh@sjchs.org

**St. Joseph's/Candler
5353 Reynolds Street
Savannah, Georgia 31405**

APPLICANT STATEMENT

In the space below please indicate in no more than 150 words why you have chosen to complete a pharmacy residency. (Please type)

It is the policy of St. Joseph's/Candler (SJ/C) to maintain a safe, healthy, and productive work environment for all employees; to provide quality services for our customers in an efficient manner; to maintain the integrity and security of our facilities and property and to perform all these functions in a manner consistent with the interests and concerns of our community. Pursuant to these policies, SJ/C requires candidates for employment to pass a drug/alcohol screening test covering illegal substances and legal substances subject to abuse. SJ/C requires all newly-hired employees to submit a urine and/or blood specimen and to sign a consent-and-release statement. Refusal or positive test results will result in disqualification for employment and admittance to the residency program.

The information I have given in this application is true and correct to the best of my knowledge and is subject to validation by SJ/C. I understand that any false statements, misrepresentations or omissions on this application may justify refusal or termination of employment. I authorize individuals, schools and employers listed above to provide SJ/C with any information that SJ/C requires to make an employment decision. I release all persons and organizations from liability for any damage for issuing this information.

Signature _____

Date _____
