University of Georgia College of Pharmacy
PGY-1 Community Practice 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	Dates Attended 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 Address	From: To:	
	Name Address	From: To:	
	Name Address	From: 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 a Community Practice 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 10**

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 am in good standing with the respective Board of Pharmacy, and eligible for licensure in the State of Georgia. 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: Sukhmani Sarao, Pharm.D.

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