*1740 Nicholasville Road, Lexington, KY 40503*

Name:

 *Last First MI*

College of Pharmacy:

Current Address:

 *Street City State Zip*

 *Email address Telephone*

**Application Requirements**

Applicant must complete electronic application requirements available in PhORCAS as well Baptist Health Lexington site-specific requirements. See directions at [www.ashp.org/phorcas](http://www.ashp.org/phorcas).

Checklist of application materials *required by PhORCAS*:

[ ]  Personal Cover Letter – Professional goals, rationale for selection of Baptist Health Lexington Pharmacy Residency Program, and description of why you believe you are a candidate for this program

[ ]  Curriculum Vitae

[ ]  Official University transcript

[ ]  Three letters of recommendation – standard reference form submitted via PhORCAS.

Additional application materials (*can either be uploaded via PhORCAS or emailed to the RPD*):

 [ ]  Baptist Health Lexington Pharmacy Residency application

 [ ]  Recent photo

Eric Marr, PharmD, MBA, BCPS

Eric.Marr@bhsi.com

859-260-5123*Baptist Health Lexington* ~ *Pharmacy Practice Residency Application*

*1740 Nicholasville Road, Lexington, KY 40503*

**Licensure Requirement**

Baptist Health Lexington requires all Pharmacy Practice Residents to be licensed by the Commonwealth of Kentucky, which includes successfully passing the NAPLEX and MPJE, *OR* reciprocation of pharmacy license via the Kentucky Board of Pharmacy (502-564-7910). Residents will seek Kentucky licensure at the earliest available testing opportunity. Failure to obtain Kentucky licensure by July 31 will result in a restructuring of the PGY1 Pharmacy Residency experience as determined by the Residency Program Director. Furthermore, the resident is subject to termination and release of from the PGY1 Pharmacy Residency Program for failure to obtain Kentucky licensure within 90 days from the residency start date.

 [ ]  “I am aware of the licensure requirements of Baptist Health Lexington, and I agree to licensure by the Commonwealth of Kentucky prior to program initiation as part of the residency program.”

**Application submission**

By completing this application, you are agreeing to be considered as an applicant for employment as a Pharmacy Practice Resident at Baptist Health Lexington.

[ ]  “I certify the information provided in this application is correct. I also understand misrepresentation or omission of facts requested in this application is cause for cancellation of the application and/or termination if I have been employed. I agree to submit to pre-employment screening, which includes but is not limited to, drug and alcohol testing and a criminal background check. Additionally, I agree if I am employed, I will abide by all rules, regulations, policies, and procedures of Baptist Health Lexington.”

[ ]  “I understand an onsite interview is required for considered to this program. Invitations to interview will be based on the materials submitted, which include application, transcript, curriculum vitae, cover letter, and recommendations. I understand interviews are scheduled on mutually convenient dates (usually Tuesday, Wednesday, or Thursday) from January thru February.”

**Areas of Interest**

Please select ***three*** of the following fields to indicate your current practice interests:

|  |  |  |
| --- | --- | --- |
| [ ] Administration / Management[ ] Ambulatory Care[ ] Cardiology[ ] Critical Care[ ] Drug Information[ ] Endocrinology[ ] Emergency Medicine[ ] Hematology  | [ ] Immunology[ ] Infectious Disease[ ] Internal Medicine[ ] Neurology[ ] Neonatal Care[ ] Nuclear Medicine [ ] Nutrition[ ] Oncology | [ ] Orthopedics / Biomechanics[ ] Pain Management[ ] Pediatrics[ ] Research and Drug Design[ ] Surgery[ ] Women’s Care[ ] Other \_\_     \_ |

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**~ Please use the space provided to respond to the following questions ~**

Please convey why you have chosen to pursue residency training. What value does residency training have for a pharmacist?

What do you believe the differences are in expectations and duties between PY4 students and PGY1 residents?

Please describe your expectations of a pharmacy residency program. What obligation do you feel the program has to its residents? *(Preceptor/program expectations, personal goals, time commitment, etc)*

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What is your perception of the differences between participating in a residency program at an academic medical center versus a community hospital? What advantages do each offer?