

LEXINGTON

1740 Nicholasville Road, Lexington, KY 40503 Name: MI College of Pharmacy:___ Current Address: 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. 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

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Licensure Requirement

will seek Kentucky licensure at th licensure by July 31 will result in a determined by the Residency Pro	ch includes successfully page via the Kentucky Board of e earliest available testing a restructuring of the PGY2 gram Director. Furthermore armacy Residency Program	•
	•	ealth Lexington, and I agree to licensure by as part of the residency program."
Application submission By completing this application, you a Pharmacy Practice Resident at I		idered as an applicant for employment as
application and/or termination if screening, which includes but is n	facts requested in this ap I have been employed. I a not limited to, drug and ald n employed, I will abide by	correct. I also understand plication is cause for cancellation of the gree to submit to pre-employment sohol testing and a criminal background all rules, regulations, policies, and
interview will be based on the ma	aterials submitted, which i ndations. I understand into y, Wednesday, or Thursda	
riease select <u>timee</u> of the following	ig neius to maicate your c	urrent practice interests.
Administration /	Immunology	Orthopedics / Biomechanics
Management	Infectious Disease	Pain Management
Ambulatory Care	Internal Medicine	☐ Pediatrics
Cardiology	☐ Neurology	Research and Drug Design
Critical Care	Neonatal Care	☐ Surgery
Drug Information	Nuclear Medicine	Women's Care
Endocrinology	Nutrition	Other
Emergency Medicine	Oncology	
Hematology		

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\sim Please use the space provided to respond to the following questions \sim

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)

Baptist Health Lexington ~ Pharmacy Practice Residency Application

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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?			