

UPMC Mercy

1400 Locust St.
Pittsburgh, PA 15219

Pharmacy Services Pharmacy Practice Residency Application

Please complete and submit the Pharmacy Practice Residency Application Form along with the following items:

- A copy of your Curriculum Vitae
- Copies of official transcripts from all colleges of pharmacy attended (including pre-pharmacy coursework)
- A letter of intent discussing your professional goals and objectives (one page, typed)
- Three letters of recommendation from professional practitioners/clinical faculty (use attached form or download from ASHP website, www.ashp.org).

PERSONAL INFORMATION (Please print)

Name _____
Last First Middle Initial

Current Address _____
Street or P.O. Box Apt. #

_____ *City State Zip*

Telephone _____ E-Mail _____ FAX _____
Daytime

LICENSURE/CITIZENSHIP

Are you licensed to practice pharmacy in the United States? Yes No

If so, in what state? _____ Year Licensed: _____ License # _____

Birthplace _____
City State Country (if not U.S.)

Citizenship _____
Country of Citizenship

EDUCATION

Pharmacy School _____

Degree (s) _____ Date of Graduation _____

Degree (s) _____ Date of Graduation _____

Other College (s) _____

Degree (s) _____ Date of Graduation _____

Please return completed application materials by January 15 to:

Robert J. Simonelli, Pharm.D.
Director, Pharmacy Residency Program
UPMC Mercy
1400 Locust St.
Pittsburgh, PA 15219
Phone: 412-232-8377 Fax 412-232-7410

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Request for Recommendation by Applicant to Pharmacy Residency Program at UPMC Mercy

To be completed by the applicant. Please print or type.

Name of Applicant: _____
First Name Middle Initial Last Name

Street address or P.O. Box

City State ZIP code

Telephone Number (please include area code)

I waive the right to review this recommendation. _____
Signature of Residency Applicant

To the recommender:

Please complete and return this form by _____ to:

Robert J. Simonelli, PharmD
Director, Pharmacy Residency Program
UPMC Mercy
1400 Locust St.
Pittsburgh, PA 15219

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

For the recommender to complete:

I have known the applicant for approximately _____ (months)(years). My relationship to the applicant was (or is) in the following capacity:

faculty advisor employer
 clerkship preceptor supervisor
 other faculty relationship other (please specify) _____

I know him/her very well fairly well only casually

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics? Please place an "X" under the rating column which best describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

Your recommendation concerning admission (please check one):

I highly recommend this applicant.
 I recommend this applicant.

I recommend this applicant, but with some reservation.
 I am not able to recommend this applicant.

Signature of Recommender

Date

Name (typed or printed)

Title and affiliation

Street address or P.O. Box

City

State

Zip

Telephone Number