July 2012 – June 2013 PGY1 Residency Application Packet

Pharmacy Residency Program – Acute Care
ASHP Program Match Number: 176413

Number of residency positions available: Up to 12 new residents are accepted each year.

Salary and Benefits: The annual stipend is currently $42,000. Benefits include medical, dental, and vision insurance. In addition, vacation, sick and professional leave are provided.

Application:

Application for the 2012-2013 year will be accepted beginning October 1, 2011.

Deadline for application is January 3, 2012.

Application forms can be downloaded from our Web link:

http://health.ucsd.edu/specialties/pharmacy/education/residency

Eligibility:

If matched with the UCSD Residency Program, it is expected that Matched Candidates must:

1. Be eligible for California Board of Pharmacy licensure.
2. Be a licensed intern pharmacist in the State of California prior to July 1, 2012

PLEASE SIGN AND SUBMIT WITH YOUR APPLICATION PACKET

I understand that I must apply for this residency program via the ASHP Pharmacy Resident Matching Program and abide by all Match rules and regulations. The program for which I am applying begins on July 1, 2012 and continues through June 30, 2013: if I accept this appointment, I am obligated to complete the entire residency appointment, except in cases of illness or when granted special leave by the Program Director. If appointed, I will be available on the specified dates and will arrange to participate in all phases of the program. In addition, I understand that I must comply with all licensing requirements to start and continue with the Pharmacy Residency Program appointment.

The UCSD PGY1 Acute Care Pharmacy Residency Program, Code 176413, participates in the ASHP Resident Matching Program. All applicants must be enrolled in the Resident Matching Program. Information regarding registering for the Matching Program may be found at the following web site: www.natmatch.com/ashprmp

__________________________________________________________
Name of Applicant

_______________________________
Signature of Applicant

_______________________________
Date
APPLICATION FOR PHARMACY RESIDENCY – ACUTE CARE – 2012-2013
UNIVERSITY OF CALIFORNIA, SAN DIEGO - MEDICAL CENTER

Department of Pharmacy
University of California, San Diego - Medical Center
200 West Arbor Drive
San Diego, CA 92103-8765
TEL (619) 543-2460    FAX (619) 543-3505

Instructions:

1. Complete the UCSD Medical Center Pharmacy Residency Application Form.

2. Complete the Interview Availability Form.

3. Submit current Curriculum Vitae with all experiential completed and anticipated rotations as well as pharmacy work experience.

4. Submit a photo picture (passport size) of yourself along with your full name printed clearly in pen on the back.
   NOTE: Photo will be used for Candidate ID purposes and will likely be reproduced.

5. Provide a written statement in your own words explaining what personal and professional objectives you wish to fulfill in completing a residency; this should be limited to 250 words.

6. Provide a self-addressed stamped post card. This will be used to confirm receipt of your packet and will be mailed as soon as we receive your application packet. You do not need to contact us about the status of your application unless your post card has not been within 10 days of application submission.

The following must be provided separately (sent directly to the address below by the school of pharmacy and individual evaluators):

- Official academic transcript (pharmacy school only)
- Three Letters of recommendations are required. It is recommended to include one each from:
  1. Faculty or Advisor
  2. Pharmacy Employment Supervisor while interning
  3. Preceptor

   Note: Please use the ASHP Recommendation Form included in this application along with accompanying Letter of Recommendation.

Application deadline: Tuesday, January 3, 2012.

Submit your application packet and all supporting documents to:

Marcie Lepkowsky, PharmD
Acute Care Pharmacy Residency Program Director
University of California, San Diego - Medical Center
200 West Arbor Drive, San Diego, CA 92103-8765
Note: ASHP Resident Matching Program --- The UCSD Medical Center (Program Code 176413) participates in the ASHP Resident Matching Program. All applicants must be enrolled in the Resident Matching Program. Web site: www.natmatch.com/ashprmp.

There is a fee for registering for the Match, as outlined in the instructions for applicant registration provided on the Match web site.

If you have any questions concerning the Match, please contact National Matching Services Inc. at the address, phone and FAX numbers shown below or by email at ashprmp@natmatch.com.

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Canada M4S 3B1
(T) 416.977.3431
(F) 416.977.5020
<table>
<thead>
<tr>
<th><strong>PGY1 – Acute Care</strong></th>
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<tbody>
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<td>Last Name</td>
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<td>Personal E-mail (Non-School)</td>
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<td>Emergency Contact</td>
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<td>Emergency Telephone #</td>
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Please complete the following and return with your application:

Name: ____________________________________

Interview date - Applicants invited for interview will be scheduled on one of the following dates:

February 1, 3, 6, 10, 13, 2012

Please indicate which dates you will be available for interview:

_____ I am available for interview any of these dates (February 1, 3, 6, 10, 13)

Please circle your available dates. We will attempt to accommodate your choice, if possible.

_____ I am available only on February 1, 3, 6, 10, 13
To be completed by applicant: PLEASE PRINT, TYPE OR E-SIGN THEN GIVE FORM OR EMAIL PDF TO YOUR RECOMMENDER

Name of Applicant: ____________________________  First Name  M.I.  Last Name ____________________________

Street Address or P.O. Box ____________________________  Telephone Number: ____________________________

City ____________________________  State ____________________________  Zip ____________________________

I waive the right to review this recommendation. ____________________________  Date: ____________________________

Signature of Residency Applicant ____________________________

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 ______ circle one: 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

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 in the rating column box which best describes the applicant.

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<tr>
<th>CHARACTERISTICS EVALUATED</th>
<th>Excellent</th>
<th>Above Satisfactory</th>
<th>Satisfactory</th>
<th>Below Satisfactory</th>
<th>NO BASIS FOR JUDGMENT</th>
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<td>Academic ability</td>
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<td>Quality of work</td>
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<td>Written communication skills</td>
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<td>Oral communication skills</td>
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<td>Leadership skills</td>
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<td>Enthusiasm &amp; work ethic</td>
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<td>Initiative and motivation</td>
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<td>Assertiveness</td>
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<td>Cooperativeness</td>
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<td>Ability to organize and manage time</td>
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<td>Ability to work with supervisors</td>
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<td>Ability to work with peers</td>
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<td>Ability to work with patients</td>
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<td>Dependability and integrity</td>
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<td>Resourcefulness and originality</td>
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<td>Willingness to accept constructive criticism</td>
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<td>Personal appearance and professional</td>
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<td>Commitment to professional practice</td>
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<td>Emotional stability and maturity</td>
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Applicant Name: ___________________________________

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?


Other Comments:


Recommendation concerning admission (check one):

☐ I highly recommend this applicant. ☐ I recommend this applicant, but with some reservation.

☐ I recommend this applicant. ☐ I am not able to recommend this applicant.

________________________________________________ ________________________________________
Name-Typed or Printed Date

________________________________________________ ________________________________________
Signature Title and school/site affiliation

________________________________________________ ________________________________________
Street address or P.O. Box City, State Zip

________________________________________________ ________________________________________
Telephone Number email

Please send this completed form to:

Marcie Lepkowsky, PharmD
PGY1 Acute Care Program Director
University of California, San Diego - Medical Center
200 West Arbor Drive, San Diego, CA 92103-8765

Please complete and return this form by January 3, 2012