Lakeland Regional Health

PGY1 Pharmacy Residency Program

Supplemental Application

2019-2020

Name:

1. Identify three goals that you would like to accomplish during your year of residency training.
2. What elements of a residency program are most important to you as you select a site to complete your training?
3. Please complete the following table describing your *clinical* rotation experiences only.

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| --- | --- | --- | --- |
| Rotation site and patient population | Hours/wk providing direct patient care | Describe your interaction with a multidisciplinary team (e.g. participation on rounds, providing recommendations, collaborating w/physicians) | Average # patients followed per day |
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1. Please explain how your work experience and extracurricular activities will contribute to your success as a resident next year? (**limit 200 words**)