



HOW TO APPLY TO THE BON SECOURS MEMORIAL REGIONAL MEDICAL CENTER POSTGRADUATE YEAR
1 (PGY1) PROGRAM

Thank you for your interest in the Bon Secours Memorial Regional Medical Center Pharmacy Practice Residency. To apply please complete the following:

- 1) Compose a letter of intent to apply to the Residency.
 - Include an updated Curriculum Vitae
 - Include a listing of all references with addresses
- 2) Have an original copy of your college transcript sent to the address below directly from the registrar's office of the Institution you graduated/will graduate from.
- 3) Three (3) letters of Recommendation sent by the author to address below
 - Make sure to include ASHP recommendation form (supplied in folder) and a separate letter of support

Deadline for application: January 8, 2010

Deadline for letters of recommendation: January 15, 2010

Please send applications to:

Bon Secours Memorial Regional Medical Center
Pharmacy Practice (PGY1) Residency Program
Attn: Rebecca J. Collins, Pharm.D., BCPS
8260 Atlee Road
Mechanicsville, VA 23116

If you have any additional questions about the application process or the residency itself, please contact us!

Rebecca Collins : (804) 764 – 7578 ; rebecca_collins@bshsi.org

**Request for Recommendation by Applicant
Pharmacy Practice (PGY1) Residency Program
Bon Secours Memorial Regional Medical Center**

To be completed by applicant: *please print or type*

Name of applicant:

_____ Name

_____ Street Address or P.O. Box

_____ City, State, Zip-code

_____ Telephone Number

I waive the right to review this recommendation.

Signature of Residency Applicant

To the Recommender:

Please complete and return this form by January 8th, 2010 to:

Bon Secours Memorial Regional Medical Center
Pharmacy Practice (PGY1) Residency
Attn: Rebecca J. Collins, Pharm.D., BCPS
8260 Atlee Road
Mechanicsville, VA 23116

Applicants to the Bon Secours Memorial Regional Medical Center Pharmacy Practice Residency Program 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 specialized 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:

- | | |
|---|---|
| <input type="checkbox"/> faculty advisor | <input type="checkbox"/> employer |
| <input type="checkbox"/> clerkship preceptor | <input type="checkbox"/> supervisor |
| <input type="checkbox"/> other faculty relationship | <input type="checkbox"/> 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?

