



Contact Info

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Program Interest

Check One	Residency	Program Director	Email Address
<input type="checkbox"/>	Pharmacy Practice (PGY1)	Shantel Mullin, PharmD, BCPS	Shantel.Mullin@hsc.utah.edu
<input type="checkbox"/>	Community Practice (PGY1)	Brandon Jennings, PharmD	Brandon.Jennings@pharm.utah.edu
<input type="checkbox"/>	Ambulatory Care (PGY2)	Karen Gunning, PharmD, BCPS	Karen.Gunning@pharm.utah.edu
<input type="checkbox"/>	Critical Care (PGY2)	Sarah Dehoney, PharmD, BCPS	Sarah.Dehoney@hsc.utah.edu
<input type="checkbox"/>	Drug Information (PGY2)	Erin Fox, PharmD	Erin.Fox@hsc.utah.edu
<input type="checkbox"/>	Internal Medicine/Pulm (PGY2)	Dave Young, PharmD	David.Young@hsc.utah.edu
<input type="checkbox"/>	Oncology (PGY2)	Daniel Sageser, PharmD	Daniel.Sageser@hsc.utah.edu
<input type="checkbox"/>	Pharmacy Administration (PGY1&2)	Linda Tyler, PharmD, FASHP	Linda.Tyler@hsc.utah.edu
<input type="checkbox"/>	Pharmacy Informatics (PGY2)	Craig Herzog, RPh, MBA	Craig.Herzog@hsc.utah.edu
<input type="checkbox"/>	Transplant (PGY2)	Lonnie Smith, PharmD	Lonnie.Smith@hsc.utah.edu

Mailing Address:

ATTN: **(Please list the name of the appropriate Program Director from the above list)**  
 University of Utah Hospitals and Clinics  
 Department of Pharmacy Services  
 50 North Medical Drive, Room A050

Required application materials

- Letter of Intent:** Briefly describe your motivation for doing a residency and how you feel the experience will influence your career. Include a brief summary of unique skills, experiences or personal characteristics you would bring to our program.
- Curriculum Vitae**
- Pharmacy School Transcript**  
 Please note the date you requested the transcript be sent to us: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_  
 From: \_\_\_\_\_ (Specify Name of University)
- Three Professional Letters of Recommendation** – The letters of recommendation may be in the form of the Standardized Residency Applicant Recommendation Request Form alone or preferably with an attached letter.  
 Please list the names of the individuals who will be submitting your recommendation and their relationship to you.  

Name:	Relationship:
a. _____	_____
b. _____	_____
c. _____	_____
- I affirm** that I will legally qualify to work in the state of Utah by the first day of residency, and I will obtain a Utah pharmacist license within 90 days of starting the residency program.  
 (www.dopl.utah.gov/licensing/forms/applications/009\_pharmacist.pdf) \_\_\_\_\_  

Signature
Date

Please complete this form and submit all items listed above **by January 3, 2012** by mail or electronically in order for us to fully consider your application. We offer on-site interview dates only to selected residency applicants.