

*Xavier University of Louisiana
College of Pharmacy*



PGY-1 Community Pharmacy Residency Program

Xavier University of Louisiana College of Pharmacy

PGY-1 – Community Pharmacy Residency Program

All applicants are required to submit an application form, a letter of interest (outlining your short and long-term career goals and reasons for pursuing community pharmacy residency training), an official academic transcript, curriculum vitae, and **three professional recommendations (using the attached recommendation form)**. **One recommendation must come from a pharmacy faculty member.** Application materials must be postmarked no later than **January 15, 2011** and submitted to:

Community Residency Program

Janel Bailey Wheeler, RPh, Pharm.D.
Director, Community Pharmacy Residency Program
Xavier University of Louisiana
1 Drexel Drive
New Orleans, LA 70125
Phone: 504-520-5369
Fax: 504-520-7971
Email: jbailey1@xula.edu

Please (type or print)

Applicant's name in full:

Last First Middle

Social Security Number _____

Present Address

Street

City State Zip Telephone

Permanent Address

Street

City State Zip Telephone

Email Address _____

Internal Use Only
Date Received: _____

Education

Name of College	Mailing Address	Dates Attended	Degree/Date received or expected

Professional Organizations

Organization	Office held	Dates

Extracurricular Activities (presentations, service projects, etc.)

Description	Dates

Honors, Awards, Distinctions

Award	Dates

Licenses (pharmacy, internship) and states

Employment History

Employer's Name Address and Telephone Number	Dates Employed	Type of Work	Preceptor's Name (if applicable)

Have you ever been convicted for any violations of the law that would preclude pharmacy licensure?

- Yes
 No

If yes, please explain:

References

Please provide the name and contact information for the three individuals providing professional recommendation.

Name	Position	Address	Telephone Number	Relationship

Statement of intention for application (signature required)

I hereby apply to the Xavier University of Louisiana College of Pharmacy Residency and certify that the above information is true to the best of my knowledge. If accepted, I agree to comply with and be governed by all rules and regulations of Xavier University of Louisiana College of Pharmacy.

Signature _____ Date _____

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

Does the applicant demonstrate any weaknesses that 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.
- 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