**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PGY1 Pharmacy Residency Supplemental Application Form

Please answer the following questions. Upload the completed form with your PhORCAS application.

## Areas of Interest (select up to four)

|  |  |  |  |
| --- | --- | --- | --- |
| **Cardiology** | **Internal Medicine** | **Ambulatory Care** | **Administration** |
| **Infectious Diseases** | **Nephrology** | **Behavioral Health** | **Medication Safety** |
| **Critical Care** | **Neurology** | **Neonatology** | **Pharmacy Operations** |
| **Emergency Medicine** | **Oncology** | **Pediatrics** | **Sterile Compounding** |
| **Geriatrics** | **Endocrinology** | **Research** | **Transitions of Care** |
| **Other:** | | | |

## Describe your rotation responsibilities (ADD/remove AS MANY ROWs AS YOU NEED) - For anticipated rotations please fill out the APPE Rotation, Date, and Setting

|  |  |  |
| --- | --- | --- |
| **APPE Rotation (Date)** | **Setting** | **Summary of Responsibilities**  **(for direct patient care rotations include how many patients followed per day, what rounding opportunities occurred, and what pharmacy consults were managed)** |
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