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

# PGY1 Pharmacy (36925) Residency Supplemental Application Form

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

## Areas of Interest (select up to four)

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| --- | --- | --- | --- |
| **Primary Care** | **Population Health** | **Cardiology** | **Administration** |
| **Women’s Health** | **Rheumatology/ Pulmonary** | **Infectious Diseases** | **Medication Safety** |
| **Ambulatory Oncology** | **Transitions of Care** | **Managed Care** |  |
|  |  |  |  |
| **Other:** | | | |

## Describe your rotation responsibilities (ADD/remove AS MANY ROWs AS YOU NEED) - For anticipated rotations can just fill out APPE Rotation/Setting

|  |  |  |
| --- | --- | --- |
| **APPE Rotation (Date)** | **Setting** | **Summary of Responsibilities (for direct patient care include how many patients followed per day/what rounding opportunities occurred)** |
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