

## **APPLICATION MATERIALS FOR UPMC HAMOT PHARMACY RESIDENCY**

Enclosed in this packet are the forms necessary for applying to our residency program. They include: the UPMC Hamot Application and three Recommendation Request for Application forms. In order to apply, it is necessary to send us:

1. This application.
2. Letter of application. State *(a)* why you chose UPMC Hamot and *(b)* your residency and career goals.
3. Academic transcripts from your pre-pharmacy and pharmacy schools
4. Curriculum Vitae
5. Three completed recommendation forms (please use enclosed forms.)

Please send all of the above to:

Brad Cooper, Pharm.D., FCCM  
Pharmacy Residency Program Director  
UPMC Hamot  
201 State Street  
Erie, PA 16550  
E-mail: cooperbe@upmc.edu

\* All materials must be received by January 15. Personal interviews at Hamot are required and will begin after January 1 for selected candidates with completed applications (including transcripts and references). Early applicants may receive preference due to the scheduling of interviews.

### ***APPLICATION FOR RESIDENCY TRAINING***

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

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

\_\_\_\_\_

Telephone Number: *Home:* \_\_\_\_\_

*Work:* \_\_\_\_\_

E-mail \_\_\_\_\_

Home (permanent) Address: \_\_\_\_\_

*Phone:* \_\_\_\_\_

Are you prevented from becoming lawfully employed in this country because of visa or immigration status? \_\_\_\_\_

Are you in the ASHP match  Yes  No If Yes, Match # \_\_\_\_\_

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***EDUCATION***

College: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Pharmacy School: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Date of graduation: \_\_\_\_\_

Pharmacy Residency training within the United States:

\_\_\_\_\_

\_\_\_\_\_

Special courses of study - date and place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***LICENSURE***

Are you licensed to practice in the United States? \_\_\_\_\_

If so, in what state: \_\_\_\_\_ Year Licensed: \_\_\_\_\_ License # \_\_\_\_\_

Are you eligible for licensure in Pennsylvania?  Yes  No

If no, explain: \_\_\_\_\_

In order to take the NAPLEX and MPJE in Pennsylvania, you must have at least 750 experiential hours outside of school rotations. Please indicate how many experiential hours (excluding your rotations) that you expect to have prior to July 1: \_\_\_\_\_ hours

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(Signed) \_\_\_\_\_

*Please complete and return:*

1. This application
2. Letter of application
3. Academic transcript of record from your pre-pharmacy and pharmacy schools
4. Curriculum Vitae
5. Three completed recommendations on Recommendation Request for Applicant Forms and sent to:

Brad Cooper, Pharm.D., FCCM  
Pharmacy Residency Program Director  
UPMC Hamot  
201 State Street  
Erie, PA 16550  
Phone: 8148772257  
Email: cooperbe@upmc.edu