



Thomas Jefferson University Hospital
Jefferson Health System

Department of Pharmacy

Residency Application Instructions

Please refer to these instructions to apply to the pharmacy residency programs at Thomas Jefferson University Hospital.

1. Print this file. It should consist of six (6) pages; the first of which is this instruction sheet.
2. Complete pages 2 and 3. Sign the bottom of page 3. These two pages should be returned with your application material; specifically a copy of your resume and a letter summarizing your reasons for applying to this residency program.
3. Register with the Residency Matching Program.
4. Request that transcript(s) be sent to us.
5. Pages 4, 5 and 6 are identical. Complete the upper portion of each form and give one form to each individual who will be submitting a letter of recommendation on your behalf. You may print additional copies of that form if you intend to request more than three letters.
6. Do not hesitate to contact Gerry Meyer at gerald.meyer@jeffersonhospital.org or 215-955-9055 with any questions.



Thomas Jefferson University Hospital
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Department of Pharmacy

Residency Application Form

I wish to be considered as an applicant to the following residency(ies) at Thomas Jefferson University Hospital.

- _____ Residency in Pharmacy Practice (PGY 1)
- _____ Specialized Residency in Drug Information (PGY 2)
- _____ Specialized Residency in Infectious Diseases (PGY 2)
- _____ Specialized Residency in Cardiology (PGY 2)
- _____ Specialized Residency in Critical Care (PGY 2)

Residency applicants must be registered with the American Society of Health-System Pharmacists' Residency Matching Program. For details of this program, contact: National Matching Services Inc., 20 Holly Street, Suite 301, Toronto, Ontario, Canada M4S 3B1. (416) 977-3431 www.natmatch.com/ashprmp

I am enclosing the following supporting documents:

- _____ A resume identifying pertinent educational and work experience, extracurricular activities, professional organizations and research activities in which I have participated.
- _____ A letter explaining why I am applying to residencies, including the experiences I hope to gain and the reasons why I am interested in Thomas Jefferson University Hospital.

I have also made arrangements for the following documents to be forwarded to you under separate cover:

_____ A current transcript of grades from (each of) my college(s)

_____ At least three letters of reference. (Please provide each reference with a copy of the enclosed instruction sheet.) In the area provided, please list the names and titles of those individuals from whom we should expect to receive letters.

1. _____

2. _____

3. _____

I understand a personal interview is required for the evaluation of candidates. I understand that I must obtain licensure as a registered pharmacist in the Commonwealth of Pennsylvania as early as reasonably possible. I understand that misrepresentation or omission of facts requested in the application is cause for cancellation of the application and/or discharge, if I have been employed. I agree, if employed, to abide by all rules and regulations of the Hospital and University.

Signature _____ **Date** _____

Please return all materials by January 15 to:

Gerald E. Meyer, Pharm.D.
Thomas Jefferson University Hospital
2260 Gibbon Building
111 South 11th Street
Philadelphia, Pa. 19107-5098
(215)-955-9055



RESIDENCY RECOMMENDATION REQUEST

To be completed by the applicant:

_____	_____	_____
First Name	MI	Last Name

Street Address		

_____	_____	_____
City	State	Zip

I waive the right to review this recommendation. _____
 Signature of Applicant

To be completed by the recommender:

_____	_____	_____
First Name	MI	Last Name

Title		

Street Address		

_____	_____	_____
City	State	Zip

Phone Number		

You have been asked to write a letter of recommendation for the applicant listed above for a residency at Thomas Jefferson University Hospital. (**Standardized ‘checklists’ are discouraged.**) In your letter, please address the following points:

- In what capacity have you known the applicant, and for how long?
- What is your assessment of the applicant’s professional motivation and commitment?
- **What do you believe sets this applicant apart from other qualified applicants?**
- What is your overall assessment and recommendation of the applicant’s candidacy?

Please include any other points that you feel are of importance.

Thank you for your assistance with our selection process. Please return this form with your letter by **January 15** to:

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 Department of Pharmacy
 Thomas Jefferson University Hospital
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