



DIPLOMAT SPECIALTY PHARMACY SPECIALTY PHARMACY PRACTICE RESIDENCY APPLICATION

Instructions for completing program application

General Instructions for Application: Please complete the following application template. Although some of the information may be contained in a CV, it is important to fully answer each question. Submit one hardcopy of the completed application and accompanying materials outlined below.

Curriculum Vitae (CV): Enclose a hardcopy of your current CV. It should include (but not be limited to) schools or universities attended (including dates), degrees conferred or expected, honors and awards, rotation/clerkship experience, extracurricular activities, and other pertinent information.

Letter of Interest: This personal letter, addressed to Dr. Jennifer Hagerman, should include professional goals, both short-term and long-term, motivations for pursuing residency training, and why you are interested in Diplomat's Specialty Pharmacy Practice Residency.

Transcript: Submit an official transcript of all college courses completed.

Recommendations: Three letters of recommendation are required: one from a pharmacy employer, one from an advanced pharmacy practice experience preceptor, and one from another preceptor or pharmacy faculty member. Please provide all individuals writing letters of recommendation for you with a copy of the enclosed Residency Applicant Recommendation Request Form. They are to send their letter of recommendation directly to Diplomat Specialty Pharmacy. These letters must be received no later than January 15, 2012.

Submission Deadline: Application, CV, transcripts, letter of interest, and letters of recommendation must be **received** no later than January 15, 2012. Address all materials to:

Diplomat Specialty Pharmacy
Specialty Pharmacy Practice Residency
Attn: Dr. Jennifer Hagerman
4100 S. Saginaw St.
Flint, MI 48507

Interview: Upon invitation, an on-site interview will be held at Diplomat Specialty Pharmacy, which will include a 25-30 minute oral presentation given by the applicant.

Experience

Describe any experience that you have in the following areas. A lack of experience in any area does not eliminate you from candidacy.

Marketing, management or business-related:

Committees, work groups, or other leadership opportunities:

Teaching:

Patient counseling:

Skill/Ability	Yes/No	Description
Computer literacy <ul style="list-style-type: none"> • Pharmacy system • Microsoft Office • Other 		(list systems/programs)
Investigational drugs/research <ul style="list-style-type: none"> • Protocol writing • IRB process • Data/outcomes analysis • Record keeping 		

Professional Development

Rank the following practice areas with 1 being your most preferred.

_____ Cardiovascular

_____ Infectious Disease

_____ Compounding

_____ Neurology

_____ Endocrinology

_____ Pediatrics

_____ Hematology/Oncology

_____ Psychiatry

_____ Immunology

_____ Respiratory

What areas of specialty pharmacy are of interest to you?

What types of pharmacy projects would you like to participate in or initiate?

What do you hope to accomplish over the next three to five years?

Education and Training

Which clinical rotation did you enjoy the most? Why?

Which clinical rotation did you find the most beneficial? Why?

Which clinical rotation was the least beneficial? Why? If you had a chance to precept this rotation, what would you do differently?

Personal

What hobbies or activities do you like to do in your spare time?

Licensure

Pharmacy residents at Diplomat Specialty Pharmacy are required to be licensed in Michigan. Describe your current pharmacist licensure status, noting current licensure and state. If you are not currently licensed, please include your expected graduation date and anticipated date of licensure examination.

Comments

List comments or any additional information that you would like to volunteer that may not be contained elsewhere in the application materials.

Essay Questions

Describe a specific situation during the past year where you enhanced the provision of pharmaceutical care.

Describe a situation from the past that involved conflict among your peers and how you worked to resolve the issue.

Recommendations

Please include the name and contact information for the individuals of whom you have asked to write a letter of recommendation on your behalf.

1. Pharmacy Employer

Name

Title

Address

Phone number

E-mail address

2. Advanced Pharmacy Practice Experience (APPE) Preceptor (Accelerator students may substitute with Pharmacy Employer or Pharmacy Faculty Member)

Name

Title

Address

Phone number

E-mail address

3. APPE Preceptor/Pharmacy Faculty Member

Name

Title

Address

Phone number

E-mail address

Applicant Signature

Date

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RECOMMENDATION REQUEST

To be completed by the applicant

Name of Applicant:
(Please print or type)

	MI	
Street Address or P.O. Box		
	State	
Telephone		

I waive the right to review this recommendation.

Signature of Residency Applicant

To be completed by recommender

Applicants to our residency program are required to have letters of recommendation submitted by individuals who are in a position to evaluate their qualifications for residency training. The recommender is asked to make an honest appraisal of the applicant’s character, personality, abilities, and suitability for a pharmacy residency. All comments and information provided will be kept in strict confidence.

In your letter of recommendation, please address each of the following:

- How long you have known the applicant and in what capacity?
- What are the applicant’s strengths and weaknesses?
- How would you rate the applicant’s time management skills?
- How is the applicant able to deal with difficult personalities and situations?
- How is the applicant motivated to perform at a high level in stressful situations?
- What is your recommendation on the applicant’s candidacy?

Signature of Recommender		
Typed or printed name and title		
Institution/Company		
Street Address or P.O. Box		
	State	
City		
Email Address		
	Fax	

Completed request form and letter must be received no later than January 15, 2012. The letter of recommendation may be initially sent by e-mail, with a hard copy to immediately follow. Send materials to:

Diplomat Specialty Pharmacy
Specialty Pharmacy Residency Program
Attn: Jennifer Hagerman, Pharm.D., AE-C
4100 S. Saginaw St., Flint, MI 48507
jhagerman@diplomapharmacy.com