

Application Form
Drug Information & Teaching Residency
Washington State University
College of Pharmacy and Pharmaceutical Sciences

*Application deadline for this position is **January 14 or until the position is filled**. A letter of intent, stating your career goals, major areas of interest, and reasons for applying to this program must be enclosed with your application form.*

Name:

Please Type: Last, First, Middle

Please provide address you would like correspondence sent to during the recruitment process.

Street, Apt.

City, State, Zip Code

Phone:

Daytime

Email:

Mobile phone

State(s) Licensed to Practice

Pharmacy Intern:

Pharmacist:

List of Colleges/Universities Attended:

◆ Name of College/University:

Dates

Degree

◆ Name of College/University:

Dates

Degree

◆ Name of College/University:

Dates

Degree

Letters of reference are required from three health care professionals who can attest to your practice abilities and aptitudes. List names, addresses and telephone numbers of references below:

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Are you prevented from becoming lawfully employed in the United States because of visa or immigration status?

☐ Yes ☐ No

If you are appointed to the residency program, you will need to show documentation providing identity information and employment authorization for the entire period of the residency.

Application Requirements:

- Completed application form
- Letter of intent:
 - Professional goals and interests
 - Why you want to pursue this residency, why are you uniquely qualified for this residency, and personal goals that you feel this program would help you accomplish
- Curriculum Vitae
- Official transcripts of all professional pharmacy education
- Three letters of recommendations from healthcare professionals (i.e. with a variety from current employers, professors and healthcare providers)
- Example of completed project (i.e., DUE, formal drug information write-up, presentation)

Transcripts and references should be sent under separate cover to the address listed below.

Application deadline: January 14 or until the position is filled.

I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I grant Washington State University permission to request additional information, if necessary, from previous schools and employers concerning my academic records and professional ability.

Signature: _____ Date: _____

Send application materials to:

Danial E. Baker, Pharm.D., FASHP, FASCP
College of Pharmacy and Pharmaceutical Sciences
Washington State University
412 E. Spokane Falls Blvd
Spokane, WA 99202-2131
(509) 358-7660
Danial.Baker@wsu.edu

Letter of Recommendation

Washington State University Drug Information Residency & Teaching Residency

Applicants - please give this form to the person who is writing your letter of recommendation. Don't forget to fill out the top part of this form and sign the waiver.

Applicant

Name:

(Print/Type: First, MI, Last)

Address:

(Street, Apt. #)

(City, State, Zip Code)

Telephone:

Reference

Name:

(Print/Type: First, MI, Last)

Title:

Address:

(Street)

(City, State, Zip Code)

Applicant:

I waive the right to review this recommendation. _____

In a separate letter please address the following information:

- ◆ How well and in what capacity do you know the applicant?
- ◆ What special strengths do you feel the applicant possesses that should be noted?
- ◆ What weaknesses do you feel the applicant possesses that should be noted?
- ◆ How does the applicant accept constructive criticism and try to improve?
- ◆ How personable is the applicant and willing to work in new environments, independently?
- ◆ Please comment on the following abilities as you can:
 - Communicate effectively (verbally and in writing)
 - Organize work/establish priorities
 - Work and cooperate with others
 - Clinical skills
 - Ability to provide leadership
 - Motivation and desire for being a resident and a pharmacist
 - Intellectual skills and critical thinking skills
 - Originality/Creativity
 - Teaching skills

Return letter to:

Danial E. Baker, Pharm.D., FASHP, FASCP
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Washington State University
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Spokane, WA 99202
Danial.Baker@wsu.edu