

Lakeland Regional Health
PGY1 Pharmacy Residency Program
Supplemental Application

Name:

1. Identify three goals that you would like to accomplish during your year of residency training.

2. What elements of a residency program are most important to you as you select a site to complete your training?

3. Please complete the following table describing your *clinical* rotation experiences only.

Rotation site and patient population	Hours/wk providing direct patient care	Describe your interaction with a multidisciplinary team (e.g. participation on rounds, providing recommendations, collaborating w/physicians)	Average # patients followed per day

4. Please explain how your work experience and extracurricular activities will contribute to your success as a resident next year? (**limit 200 words**)