



**Explain why you wish to enter a residency program:**

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**Briefly describe your future goals in pharmacy:**

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**Have you applied to the ASHP Resident Matching Program?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Residency Match Number:** \_\_\_\_\_

\_\_\_\_\_  
Date of completion

\_\_\_\_\_  
Signature of applicant

Send completed application materials by January 2, 2009 to:

Michelle W. McCarthy, Pharm.D.  
Director, PGY1 Pharmacy and PGY2 Drug Information Residency Programs  
University of Virginia Health System  
Department of Pharmacy  
P.O. Box 800674  
Charlottesville, Virginia 22908-0674

**\* Application materials required include: a completed application, letter of intent, 3 letters of recommendation, Official Copy of Pharmacy College/University transcripts, and a current Curriculum Vitae.**