



HOW TO APPLY TO THE WILKES UNIVERSITY PGY1 COMMUNITY PHARMACY RESIDENCY PROGRAM

To be eligible for the Wilkes University/Medicine Shoppe Residency you must graduate from an ACPE accredited School of Pharmacy and must have a PharmD degree. The candidate must be eligible for licensure in Pennsylvania(Please note that Pennsylvania requires new graduates seeking licensure to have 1500 hours of pharmacy experience. Only half of these hours can come from experiences in the pharmacy curriculum. Many students obtain the additional 750 hours through internship experiences. To be eligible to for this program the candidate must have all 1500 hours met before the start of the program (July 1, 2012) to be considered eligible for licensure. Further information can be obtained by contacting the Pennsylvania State Board of Pharmacy.), and complete an onsite interview. Communication skills will be assessed during the onsite interview. The program participates in the ASHP Resident Matching Program and all applicants must be enrolled in the National Matching Service(NMS) to be considered for the position. Wilkes University will not sponsor employment authorization (i.e. work visas) for this position.

To apply please complete the following by the **application deadline January 6, 2012:**

- 1) Compose a letter of intent to apply to the Residency.
 - Note: Please include a listing of all references with addresses
- 2) Have an original copy of your college transcript sent to the requested address directly from the registrar's office of the Institution you are completing your Pharm.D.

Wilkes University/ Medicine Shoppe Pharmacy
Position Code PHP 008
P.O. Box 3924
Scranton, PA 18505-0924

- 3) Copy of CV
- 4) 3 letters of recommendation and the **Residency Applicant Recommendation Request Form** the sent by the author to eapply@wilkes.edu with PHP #008 or mailed to the address above. **Please have author cc me(julie olenak@wilkes.edu) on correspondence to eapply@wilkes.edu**

Please send applications to eapply@wilkes.edu. Indicate the position reference PHP #008 in the email subject line. **Please cc me on correspondence to eapply@wilkes.edu**

If you have any additional questions about the application process or the residency itself, please contact me.

Julie L. Olenak, PharmD: (570) 408-4288, julie.olenak@wilkes.edu

American Society of Health-System Pharmacists
Residency Applicant Recommendation Request Form

Request for Recommendation by Applicant to Pharmacy Residency Program at :
Medicine Shoppe/Wilkes University Community Pharmacy Residency

To be completed by applicant: please print or type

Name of Applicant: _____
First Name _____ MI _____ Last Name _____

_____ Street address or P.O. Box _____

_____ City _____ State _____
Zip _____ Telephone Number _____

I waive the right to review this recommendation.

Signature of Residency Applicant

To the recommender:

Please complete and return this form along with a letter of recommendation by either mail or email by **January 6, 2012** to:

**Wilkes University
Medicine Shoppe Community Residency Search
Position Code: PHP-008
P.O. Box 3924
Scranton, PA 18505-0924**

**This form can also be emailed to apply@wilkes.edu.
Indicate the position reference #PHP 008 in the email subject
line. Please have julie.olenak@wilkes.edu cc'd on
correspondence to apply@wilkes.edu.**

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

For the recommender to complete:

I have known the applicant for approximately ____ (months) (years). My relationship to the applicant was (or is) in the following capacity:

faculty advisor employer
 clerkship preceptor supervisor
 other faculty relationship other (please specify) _____

I know him/her _____ very well _____ fairly well
_____ only casually

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Other Comments:

Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

Recommendation concerning admission (check one):

- I highly recommend this applicant.
 I recommend this applicant.

- I recommend this applicant, but with some reservation.
 I am not able to recommend this applicant.

Signature of Recommender

Date

Name-typed or printed

Title and affiliation

Street address or P.O. Box

City

State

Zip

Telephone Number