



**Medical Center of Central Georgia
Pharmacy Practice Residency
Program Application**



Name

Last

First

Middle

Present Address

Number

Street

Apt#

City

State

Zip

Home Telephone () _____ **Other Telephone** () _____

Current e-mail address: _____

Contact information during summer months: Phone _____

E-mail _____

Are you licensed or eligible for Georgia pharmacy licensure? Y N

If eligible, when? _____

List all colleges and universities attended and degrees obtained or in progress.

List all pharmacy-related work experience.

List areas of interest in pharmacy practice.

<http://www.mccg.org/services/pharmresidency.asp>
Program Director: Jennafer H. Pennell, Pharm.D.
Program Coordinator: Kathleen Lindauer Greer, Pharm.D.



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The following are necessary to complete the application process.

1. Please enclose a letter of interest stating why you want to complete a pharmacy practice residency and why you feel this residency will meet your needs.
2. Please enclose curriculum vitae or resume including clinical experiences, extracurricular activities, and pharmacy related work experience.
3. Please have three letters of recommendation (not ASHP Residency Recommendation form) mailed to the address below. At least two of the recommendation letters should be from a faculty member in pharmacy practice.
 - **References, please address the following to the best of your ability:**
 - **How long have you known the applicant and in what capacity?**
 - **What are the applicant's strengths and weaknesses?**
 - **How would you rate the applicant on the following:**
 - **Time management skills**
 - **Ability to deal with conflict**
 - **Clinical knowledge base**
 - **Interpersonal skills**
 - **What is your recommendation on the applicant's candidacy?**
4. Please have a copy of all transcripts (undergraduate and pharmacy school) sent to the address below.
5. Interviews will be scheduled after all applications have been received and reviewed (usually in February).

ALL application materials should be RECEIVED BY second Friday of January.

Mail materials to: Jennafer Pennell, Pharm.D.

**The Medical Center of Central Georgia
Department of Pharmacy Services, Hospital Box 113
Pharmacy Practice Residency
777 Hemlock Street
Macon, Georgia 31208-6000**

The Medical Center of Central Georgia is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability.

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