

PGY-1 Managed Care Pharmacy Residency APPLICATION FORM

Qualifications

Requirements for acceptance include a Doctor of Pharmacy degree and eligibility to complete Texas State Licensure within 90 days of the program start date. The candidate must be eligible for U.S. employment.

Application Requirements

- ✓ **Application Form, Letter of Intent, Curriculum Vitae, and Photo Headshot**
 - Please email the above items to MCResidency@Kelsey-Seybold.com with the candidate's name in the subject line (example: Application: Name of Candidate)

- ✓ **Official Professional Pharmacy Education Transcripts**
 - Please have transcript sent electronically or emailed to MCResidency@Kelsey-Seybold.com

 - May order transcripts through the college or the National Student Clearing House Transcript Services (<https://tsorder.studentclearinghouse.org/school/select>)

- ✓ **3 Letters of Recommendation**
 - Please have references email the Candidate Recommendation Form and Letters of Recommendation directly to MCResidency@Kelsey-Seybold.com with the candidate's name in the subject line (example LOR: Name of Candidate)
 - Reference must use Candidate Recommendation Form
 - Letter of Recommendation must be on company letterhead and signed
 - References must comment on the following candidate characteristics:
 - Ability to organize and manage time
 - Ability to work with peers and independently
 - Inter-professional communication skills
 - Clinical problem-solving
 - No more than one letter should be from a college faculty member, unless they served as a direct preceptor or supervisor

Program Information

Please refer to the program website for deadline details.
Applications are reviewed on a rolling basis.

Website <https://www.kelsey-seybold.com/pharmacy/pharmacy-residency>
Email MCResidency@Kelsey-Seybold.com

Kelsey-Seybold Clinic
PGY-1 Managed Care Pharmacy Residency
APPLICATION FORM

Last Name First Name

APPLICANT PROFILE

Full Name

First Name

Middle Name

Last Name

Other Names Used

Date of Birth

PRIMARY CONTACT INFORMATION

Address

Street Address

City

State

Zip

Mailing Address

(if different from above)

Street Address

City

State

Zip

Phone Number

Mobile

Alternate

Email

CITIZENSHIP AND RESIDENCY INFORMATION

U.S. Citizenship Status

Country of Citizenship

Other Citizenship

US Work Eligibility Status

English Language Proficiency

Additional Languages

Have you ever been convicted of a Felony?

If yes, explain.

ACADEMIC HISTORY – COLLEGE OF PHARMACY

Status

College Attended

City, State

Start Date

End Date

Degree Name

Degree Date

Transcript Sent

ACADEMIC HISTORY – OTHER COLLEGES/DEGREES

College Attended

City, State

Start Date

End Date

Degree Name

Degree Date

College Attended

City, State

Start Date

End Date

Degree Name

Degree Date

PHARMACY EXPERIENCE & ACTIVITIES

Experience	Yes	No	Name of Institution	When
Pharmacy Employment				
Managed Care				
Ambulatory Care				
Anticoagulation				
MTM				
Adherence				
Drug Information				
Monograph				
Pharmacy Admin				

Managed Care Activities

Please describe managed care activities (rotations, internships, projects, etc.)

Experience	Yes	No	Name of Institution	When
Poster Presentation				
Research Experience				
Publications				

Professional Honors, Awards, Scholarships

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LEADERSHIP ACTIVITIES

Please indicate which apply to your level of participation	Yes	No	When
AMCP Membership			
AMCP Leadership Position			
AMCP P&T Competition Participation			
AMCP P&T Competition National Placement			
APhA Patient Counseling Competition Participation			
APhA Patient Counseling Competition Placement			
ACCP Clinical Skills Competition Participation			
ACCP Clinical Skills Competition Placement			

Executive Position (president, vice president, secretary, treasurer, etc.)	Organization	When

Additional Leadership Activities not highlighted above

LETTER OF INTENT

Letter of Intent attached to application separately

Letter of Intent included in space below

Curriculum Vitase

CV attached to application separately

CV included in space below

REFERENCES

Please list the names of the individuals who will provide letters of recommendation for you.

Reference #1

Name	Title	Institution
Phone Number	Email	

Reference #2

Name	Title	Institution
Phone Number	Email	

Reference #3

Name	Title	Institution
Phone Number	Email	

Signature

I attest the information provided on this application to be true and accurate.

I have completed the application in full and will include my letter of intent,
curriculum vitae, and photo head shot upon submission of this application.

I have requested for my official transcripts to be sent to the program.

I have requested from my references to send letters of recommendation to the program.

Signature

Printed Name

Date