



**Pharmacy Employment History**

<b>Employer</b>	<b>Dates Employed</b>	<b>Type of Work</b>	<b>Reason for leaving</b>
Name	From		
Address	To		
Name	From		
Address	To		
Name	From		
Address	To		

**Other Employment History**

<b>Employer</b>	<b>Dates Employed</b>	<b>Type of Work</b>	<b>Reason for leaving</b>
Name	From		
Address	To		
Name	From		
Address	To		
Name	From		
Address	To		

Licensure status (Intern or Pharmacist License Number)

State \_\_\_\_\_ Certificate # \_\_\_\_\_ Date Granted \_\_\_\_\_  
 \_\_\_\_\_

Have you applied to the ASHP National Matching Services, Inc.? Yes \_\_\_\_ No \_\_\_\_  
 NMS Number \_\_\_\_\_

\_\_\_\_\_  
 Date of completion Signature of applicant

**\*Required application materials include: completion of application form, a letter of interest, 3 letters of recommendation (letters with accompanying reference form preferred), Official Copy of Pharmacy College/University transcripts, and an up to date electronic copy of the Curriculum Vitae.**

Send completed application by **January 6, 2012** to:

PGY1 PHARMACY RESIDENCY:

**Trisha A. Smith, Pharm.D.**  
 Program Director, PGY1 Pharmacy Residency  
 Assistant Director, Financial Operations and  
 Centralized Services  
 University of Iowa Hospitals and Clinics  
 Department of Pharmaceutical Care  
 200 Hawkins Drive, CC101 GH  
 Iowa City, IA 52242

PGY1 OR PGY2 AMBULATORY CARE RESIDENCIES:

**Deanna L. McDanel, Pharm.D., BCPS**  
 Program Director, PGY2 Ambulatory Care Residency  
 Coordinator, PGY1 Residency - Ambulatory Care track  
 Clinical Pharmacy Specialist, Ambulatory Care  
 Associate Professor (Clinical)  
 The University of Iowa Hospitals and Clinics  
 Department of Pharmaceutical Care  
 200 Hawkins Drive, CC101 GH  
 Iowa City, Iowa 52242

The Department of Pharmaceutical Care of the University of Iowa Hospitals and Clinics requests this information for the purpose of processing your application for a position as a Specialized Pharmacy Resident. No persons outside the University are routinely provided this information without your consent. Responses to all items are required. If you fail to provide the required information\*, the Department of Pharmaceutical Care of the University of Iowa Hospitals and Clinics may be unable to process your application. This statement is included in compliance with the Iowa Fair Information Practices Act.