

The Mount Sinai Medical Center

Pharmacy Practice (PGY 1) Residency Application

Name:	
Address:	
Phone Number:	
E-mail:	

Please list ALL Post-Secondary Schools attended, beginning with your College of Pharmacy

*** Please note that transcripts from **ALL** Post-Secondary Schools are required.

School	Location	Dates	Degree Awarded/Expected

Please list ALL work experience for post-secondary schools, beginning with the most recent

Employer	Location	Dates	Reason for Leaving

Please list all Clinical Rotations completed to date, beginning with your current rotation

Clinical Rotation	Location	Dates	Preceptor

Please list all Clinical Rotations scheduled for the remainder of the year

Clinical Rotation	Location	Dates	Preceptor

The Mount Sinai Medical Center

Pharmacy Practice (PGY 1) Residency Application

Name: _____

Presentations (List only your 5 most recent presentations, a full list should be in your CV)

Topic	Date	Location and Audience

Publications (List only your 3 most recent publications, a full list should be in your CV)

Title	Date	Citation

Awards/Honors (List only your 3 most important Awards/Honors, a full list should be in your CV)

Organization	Award	Date	Type of Award

A complete application includes the following items:

1. Completed Application
2. Curriculum Vitae
3. Letter of Interest
4. Professional Writing Sample
5. Three (3) Letters of Recommendation - at least one academic and one professional
6. ALL Post-Secondary Transcripts

Please forward SIX (6) copies of items 1 through 4 by January 15th to:

Gina Caliendo, Pharm.D., BCPS
 The Mount Sinai Medical Center
 1 Gustave Levy Place
 Box 1211
 New York, NY 10029

** You may elect to include a single copy of your letters of recommendation and/or transcript, however they **MUST** be in sealed envelopes with tamper-evident seals. (i.e., signature of author across envelope flap).