

PGY-2 INFECTIOUS DISEASES PHARMACY RESIDENCY APPLICATION

Name: _____ Social Security #: _____
(Last, First, Middle Initial)

CONTACT INFORMATION:

Current Address: _____

_____ City _____ State _____ Zip Code

Telephone: _____ Date effective to: _____

Email: _____

Permanent Address: _____

_____ City _____ State _____ Zip Code

Telephone: _____ E-mail: _____

APPLICATION CHECKLIST

All applications must include the following, and are due January 8, 2010.

- Application form
- Letter of intent
- Curriculum vitae
- College transcript
- Letters of recommendation (3)

Will you be able to start the program on July 1, 2010? Yes No

If "no", please explain: _____

I certify that all information in the application materials is complete and accurate to the best of my knowledge.

Signature _____ Date _____

Please send all completed applications to:

Christine Kubin, PharmD, BCPS
Program Director, PGY-2 ID Pharmacy Residency
Department of Pharmacy, VC-B
c/o Stephanie Tuccillo
622 West 168th St.
New York, NY 10032
Phone: (212) 305-0610
Fax: (212) 342-2957
Email: chk9005@nyp.org

(To ensure your materials are received by the deadline, please email your application, letter of intent and CV. Letters of recommendation can also be emailed. Hard copies of all materials must ultimately be mailed and received for a complete application.)