



Community Pharmacy Residency Program

SCHOOL OF PHARMACY

UNIVERSITY OF WISCONSIN-MADISON

APPLICATION FOR RESIDENCY APPOINTMENT

Name: _____
Last First Middle

Email: _____

Present Address _____ Telephone: () _____
Street City State Zip

Permanent Address _____ Telephone: () _____
Street City State Zip

Date of Birth: _____ Birthplace: _____ Citizenship: _____

References

Letter of recommendations have been requested from the following individuals and will arrive under separate cover.

1. _____
Name Position Organization City, State

2. _____
Name Position Organization City, State

3. _____
Name Position Organization City, State

Licensure Status

Current:

State: _____ Certificate No.: _____ Date Granted: _____

State: _____ Certificate No.: _____ Date Granted: _____

We are a multisite community residency program. Applicants pay one fee to interview at one or more of our sites. Please indicate which site(s) you are interested in interviewing with:

- _____ Boscobel Pharmacy
- _____ Forward Pharmacy
- _____ Hayat Pharmacy

(continued on next page)

Application Packet – Submit via PHORCAS

The following materials are required to complete your application:

- _____ Completed application form (this form)
- _____ One-page letter of interest explaining how this program will help you meet your career goals
- _____ Curriculum Vitae (CV) (most current)
- _____ Official copy of Pharmacy College/University transcript(s)
- _____ Three letters of recommendation or Recommendation Request forms

I hereby confirm that the information that I have included in this application packet is accurate and up to date.

Signature

Date

Submit application packet by **April 10, 2026** via PHORCAS.

Questions? Contact:

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