**Text

Description automatically generated**

**APPLICATION FOR RESIDENCY APPOINTMENT**

Name:

Last First Middle

Email:

Present Telephone: ( )

Address Street City State Zip

Permanent Telephone: ( )

Address 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

\_\_\_\_\_ Reedsburg Area Medical Center – Viking Pharmacy

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**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 **January 1, 2024,** via PHORCAS.

Questions? Contact:

Mara A. Kieser, MS, RPh.

Residency Program Director - UWCPRP

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