



# Community Pharmacy Residency Program

SCHOOL OF PHARMACY

UNIVERSITY OF WISCONSIN-MADISON

## 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.

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Signature

Date

Submit application packet by **January 1, 2024**, via PHORCAS.

Questions? Contact:

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