



TEXAS A&M COLLEGE OF MEDICINE
SCOTT & WHITE
PHARMACY RESIDENCY APPLICATION
Graduate Medical Education

APPLICATION

(Please type or print in ink) Date Submitted: _____

FULL NAME: _____
(Last) (First) (Middle)

Social Security Number: _____

DESCRIBE WHICH PHARMACY RESIDENCY(IES) YOU ARE APPLYING FOR:

PRESENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PRESENT TELEPHONE NUMBER(S) (please include area code.)

HOME: (_____) _____ DAYTIME: (_____) _____

COLLEGE OF PHARMACY: _____
(Name) (City) (State)

MONTH/YEAR OF GRADUATION: _____

HONORS/AWARDS:

PERMANENT ADDRESS (person through whom you can always be contacted)

Name: _____

Address: _____

Permanent Phone Number:

Do you currently hold a valid pharmacy license? ____ Yes ____ No

If Yes, indicate: State(s) of licensure: _____ License Number: _____ Exp. Date: _____

If No, indicate ANTICIPATED date when you will take NABPLEX exam: _____

UNDERGRADUATE EDUCATION

UNDERGRADUATE COLLEGE(S)		DATE ATTENDED			MAJOR FIELD OF STUDY
NAME	CITY/STATE	FROM	TO	DEGREE	

GRADUATE EDUCATION

GRADUATE SCHOOL(S)		DATE ATTENDED			MAJOR FIELD OF STUDY
NAME	CITY/STATE	FROM	TO	DEGREE	

Do you have any service obligations (*National Health Service Corps, United States Military, etc.*) to fulfill?

____ YES ____ NO

If YES, please describe including number of years, dates of commitment:

LETTERS OF REFERENCE

Your application must be supported by three (3) letters of reference from faculty members or former supervisors who know you well and are in a position to comment upon your suitability for the residency. NOTE: **The letters of reference should be included as part of the UT College of Pharmacy residency application; separate letters do not need to be sent to Scott & White.**

1) Do you have any impairments, physical or mental, which would interfere with your ability to perform as a resident?
____ YES ____ NO

If YES, please explain (use additional page, if necessary). _____

2) Have you ever been convicted of a felony or crime involving moral turpitude? ____ YES ____ NO

If YES, on a separate page, describe when, where, and the disposition of the offense.

PERSONAL STATEMENT: Please provide a personal statement describing your professional interests, achievements, reasons for choosing post graduate pharmacy training, and plans for the future. Reference should be made to research experience and training, special projects or scientific work in which you have been engaged, and any notable professional accomplishments you have achieved. You may also wish to describe your personal interests, activities, and circumstances.

DOCUMENTS APPLICANT MUST PROVIDE:

- Transcript from Pharmacy School (With UT application; See note below)
- Three (3) letters of reference (With UT application; See note above)
- Personal statement (As described above)
- Curriculum Vitae - Recent Photograph (optional)

***Note:** Transcripts should be included as part of the UT College of Pharmacy application for non-UT students only. Separate transcripts do not need to be sent to Scott & White. Also, UT College of Pharmacy students do not need to provide transcripts. Just as a reminder, the UT application, letters of recommendation and transcripts, if required, should be sent to:

Chairman, Postdoctoral Training Committee
ATTN: Mary Frisce
Clinical Pharmacy Programs – MSC 6220
University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

Admission to the program is granted without regard to race, religion, sex, creed, or national origin.

All new Scott & White employees, house staff, and senior medical staff are required to undergo a mandatory substance abuse test as a condition of employment.

Applicant Signature _____ Date

MAIL COMPLETED SCOTT & WHITE APPLICATION TO: TEXAS A&M COLLEGE OF MEDICINE – SCOTT & WHITE
Graduation Medical Education/Attn: Rosemary Sims
2401 S. 31st St.
Temple, Texas 76508

For information or questions, please phone:
or email:

1-254-724-3811 Scott & White Memorial Hospital Pharmacy

Barry Browne at bbrowne@swmail.sw.org or
Rosemary Sims at rsims@swmail.sw.org