

Baptist Health Deaconess Madisonville Pharmacy Residency Supplemental Application

Name: _____
Last First MI

College of Pharmacy: _____

Current Address: _____
Street City State Zip

Email address Telephone

Application Requirements

Applicant must complete electronic application requirements available in PhORCAS as well Baptist Health Deaconess Madisonville site-specific requirements. See directions at www.ashp.org/phorcas.

Checklist of application materials required by PhORCAS:

- ☐ Personal Cover Letter – Professional goals, rationale for selection of Baptist Health Deaconess Madisonville Pharmacy Residency Program, and description of why you believe you are a candidate for this program
- ☐ Curriculum Vitae
- ☐ Official University transcript
- ☐ Three letters of recommendation – standard reference form submitted via PhORCAS.

Additional application materials (can either be uploaded via PhORCAS or emailed to the RPD):

- ☐ Baptist Health Deaconess Madisonville Pharmacy Residency application
- ☐ Recent photo

Program Director:

Josh Pruitt, PharmD, BCIDP

Joshua.pruitt@baptistdeaconess.com

Licensure Requirement

Baptist Health Deaconess Madisonville requires all Pharmacy Practice Residents to be licensed by the Commonwealth of Kentucky, which includes successfully passing the NAPLEX and MPJE, OR reciprocity of pharmacy license via the Kentucky Board of Pharmacy. Residents will seek Kentucky licensure at the earliest available testing opportunity. Failure to obtain Kentucky licensure by July 31 will result in a restructuring of the PGY1 Pharmacy Residency experience as determined by the Residency Program Director. Furthermore, the resident is subject to termination and release of from the PGY1 Pharmacy Residency Program for failure to obtain Kentucky licensure within 90 days from the residency start date. If the resident is not a licensed pharmacist prior to the residency start date, the resident must be a licensed intern in the Commonwealth of Kentucky.

☐ “I am aware of the licensure requirements of Baptist Health Deaconess Madisonville, and I agree to licensure by the Commonwealth of Kentucky prior to July 31st as part of the residency program.”

Application submission

By completing this application, you are agreeing to be considered as an applicant for employment as a Pharmacy Practice Resident at Baptist Health Deaconess Madisonville.

☐ “I certify the information provided in this application is correct. I also understand misrepresentation or omission of facts requested in this application is cause for cancellation of the application and/or termination if I have been employed. I agree to submit to pre-employment screening, which includes but is not limited to, drug and alcohol testing and a criminal background check. Additionally, I agree if I am employed, I will abide by all rules, regulations, policies, and procedures of Baptist Health Deaconess Madisonville.”

☐ “I understand an onsite (or virtual, depending on COVID-19 restrictions) interview is required for consideration of this program. Invitations to interview will be based on the materials submitted, which include application, transcript, curriculum vitae, cover letter, and recommendations. I understand interviews are scheduled on mutually convenient dates from February thru March.”

Areas of Interest

Please select **three** of the following fields to indicate your current practice interests:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration / Management | <input type="checkbox"/> Hematology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Anticoagulation Management | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Psychiatric Medicine |
| <input type="checkbox"/> Antimicrobial Stewardship | <input type="checkbox"/> Informatics | <input type="checkbox"/> Pulmonary Diseases |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Research and Drug Design |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Medication Safety | <input type="checkbox"/> Sterile Compounding |
| <input type="checkbox"/> Drug Information | <input type="checkbox"/> Neurology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neonatal Care | <input type="checkbox"/> Other ____ |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Oncology | |

Please use the space provided to respond to the following questions

Please convey why you have chosen to pursue residency training. What value does residency training have for a pharmacist?

What do you believe the differences are in expectations and duties between APPE students and PGY1 residents?

Please describe your expectations of a pharmacy residency program. What obligation do you feel the program has to its residents? (*Preceptor/program expectations, personal goals, time commitment, etc*)

What is your perception of the differences between participating in a residency program at an academic medical center versus a community hospital? What advantages do each offer?

What are your career goals? How will a residency at Baptist Health Madisonville help you to achieve these goals?