**UAMS Medical Center**

**Pharmacy Residency Programs**

4301 W. Markham St., #571

Little Rock, AR 72205

**uamshealth.com/pharmacy-services**

**PGY1 Pharmacy Resident Candidate Supplemental Application**

The supplemental application is to be completed as part of the PGY1 residency application process. Please upload the completed supplemental application in the Letter of Intent/Personal Statement section in PhORCAS. This supplemental application is in lieu of a Letter of Intent. Do not include a Letter of Intent as part of your application for UAMS Medical Center.

*Please limit response to each question to 150 words or less, unless otherwise stated.*

**Name:**

1. **Describe two skill sets or patient care responsibilities you already perform well.**
2. **Describe two skill sets or patient care responsibilities you are currently trying to improve.**
3. **Why do you feel our program is the ideal residency program for you?**
4. **Describe the best and worst aspects of a job (non-pharmacy or pharmacy) you have had.**
5. **Please describe a specific instance in your professional experience where you demonstrated ONE of UAMS Health’s core values—see chart below. Please explain the situation, your actions, and the outcome.** *(250 words or less)*

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| **Integrity** | **Respect** | **Diversity & Health Equity** | **Teamwork** |
| **Creativity** | **Excellence** | **Safety** |  |