**UAMS Medical Center**

**Pharmacy Residency Programs**

4301 W. Markham St., #571

Little Rock, AR 72205

**uamshealth.com/pharmacy-services**

**PGY2 Critical Care Pharmacy Resident Candidate Supplemental Application**

The supplemental application is to be completed as part of the PGY2 Critical Care 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.

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| **Your Name:** |

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| **PGY1 Program (hospital, city/state, and RPD name):**  |

*Please limit response to each question to 150 words or less.*

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. **What makes you stand out from other candidates?**
5. **How do you handle rejection? For example, on rounds your pharmacotherapy recommendation is not accepted by the team even though you know it is what is best for the patient. What do you do?**