



UT COLLEGE OF PHARMACY / UTMC PGY2 CRITICAL CARE PHARMACY RESIDENCY APPLICATION AND INSTRUCTIONS

INSTRUCTIONS

GENERAL INSTRUCTIONS:

Please complete all requested portions of the application.

RESIDENCY MATCHING PROGRAM:

Residency candidates and the Institution participate in and adhere to the rules of the Resident Matching Program process.

CURRICULUM VITAE:

Enclose a copy of your current curriculum vitae. Your curriculum vitae should include the colleges and/or universities attended (including dates), degrees conferred or expected, professional experiences, rotation/clerkship experiences, extracurricular leadership experiences, and other academic and professional achievements.

LETTER OF INTEREST:

A letter of interest should include short-term and long-term professional goals, motivation for residency training, and why you are interested in the University of Toledo Residency Program.

TRANSCRIPTS:

Submit official pharmacy school transcript(s) for all post-secondary pharmacy coursework. Candidates must have graduated from an ACPE accredited School or College of Pharmacy with a Doctorate of Pharmacy degree.

LETTERS OF RECOMMENDATION:

Three letters of recommendation are required. Please provide each individual completing the recommendation a Residency Applicant Recommendation Request Form. Address information is on each letter of recommendation form. All letters of recommendation must be **received** by **February 1st**.

DEADLINE:

All application materials must be **received by February 1st**.

INTERVIEW:

An on-site interview at the University of Toledo Medical Center is required.

LICENSURE:

Residents must be eligible for licensure as a registered pharmacist in the state of Ohio, and are expected to complete the licensure process or apply for reciprocity by the end of July.

PGY2 CRITICAL CARE PHARMACY RESIDENCY APPLICATION

Name

@

E-mail Address

[]* **PERMANENT ADDRESS:**

Street

City State Zip

() -
Telephone

[]* **PRESENT ADDRESS:**

Street

City State Zip

() - () -
Telephone (home) (work)

*Preferred mailing address

SUBMITTING THE APPLICATION:

Address all materials to:
Attn: Martin J. Ohlinger, PharmD, BCPS
Residency Program Director
University of Toledo College of Pharmacy
Wolfe Hall Suite 1246 MS 609
2801 W. Bancroft St.
Toledo, OH 43606
tel: 419.530.1535
martin.ohlinger@utoledo.edu

RECOMMENDATIONS:

Please provide the name, address, phone number, fax number, and e-mail address for each individual completing a recommendation.

1.

2.

3.

Applicant Signature

Date



**UT COLLEGE OF PHARMACY / UTMC
PGY2 CRITICAL CARE PHARMACY RESIDENCY
APPLICATION**

REQUEST FOR RECOMMENDATION

To be completed by the applicant

Name of Applicant:
(Please print or type)

First Name	MI	Last Name
Street Address or P.O. Box		
City	State	Zip
() -		
Telephone		

I waive the right to review this recommendation.

Signature of Residency Applicant

To be completed by individual completing the recommendation

Applicants to our residency program are required to have letters of recommendation submitted by persons who are in a position to evaluate their qualifications for residency training. The individual completing the recommendation is asked to make an honest appraisal of the applicant's character, personality, abilities, and suitability for a pharmacy residency. All comments and information provided will be kept in strict confidence as allowed by Ohio Law. In your letter of recommendation, please address each of the following:

- How long you have known the applicant and in what capacity?
- What are the applicant's strengths and weaknesses?
- How would you rate the applicant's time management skills?
- How is the applicant able to deal with difficult personalities and situations?
- How is the applicant motivated to perform at a high level in stressful situations?
- What is your recommendation on the applicant's candidacy?

Signature of individual completing the recommendation

Typed or printed name and title

Institution/Company

Address or P.O. Box

City State Zip
() - () -
Telephone Fax

The letter of recommendation should be mailed or faxed to:

Martin J. Ohlinger, PharmD, BCPS
University of Toledo College of Pharmacy
Wolfe Hall Suite 1246 MS 609
2801 W. Bancroft St.
Toledo, OH 43606
Fax: 419.530.1951



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PGY2 CRITICAL CARE PHARMACY RESIDENCY
APPLICATION**

REQUEST FOR RECOMMENDATION

To be completed by the applicant

Name of Applicant:
(Please print or type)

First Name	MI	Last Name
Street Address or P.O. Box		
City	State	Zip
() -		
Telephone		

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Signature of Residency Applicant

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- How is the applicant motivated to perform at a high level in stressful situations?
- What is your recommendation on the applicant's candidacy?

Signature of individual completing the recommendation

Typed or printed name and title

Institution/Company

Address or P.O. Box

City State Zip

() - () -
Telephone Fax

The letter of recommendation should be mailed or faxed to:

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PGY2 CRITICAL CARE PHARMACY RESIDENCY
APPLICATION**

REQUEST FOR RECOMMENDATION

To be completed by the applicant

Name of Applicant:
(Please print or type)

First Name	MI	Last Name
Street Address or P.O. Box		
City	State	Zip
() -		
Telephone		

I waive the right to review this recommendation.

Signature of Residency Applicant

To be completed by individual completing the recommendation

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- What are the applicant's strengths and weaknesses?
- How would you rate the applicant's time management skills?
- How is the applicant able to deal with difficult personalities and situations?
- How is the applicant motivated to perform at a high level in stressful situations?
- What is your recommendation on the applicant's candidacy?

Signature of individual completing the recommendation

Typed or printed name and title

Institution/Company

Address or P.O. Box

City State Zip

() - () -

Telephone Fax

The letter of recommendation should be mailed or faxed to:

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