VETERAN HEALTH INDIANA -- ROUDEBUSH VA MEDICAL CENTER

**POST GRADUATE YEAR ONE (PGY1)**

**2025 PHARMACY RESIDENCY APPLICATION COVER SHEET**

**NAME:**

Last First Middle

**ASHP Matching Number:**

**❒\* Permanent Address:**

Street

City State Zip

()

Telephone Number

**❒\* Present Address:**

Street

City State Zip

()

Telephone Number

\*Please indicate your preferred mailing address during the recruitment process

(December 2024-March 2025)

**E-mail address:**

**Cell Phone: ( )**

**Please address correspondence to:**

**Deanna S. Kania, Pharm.D., BCPS**

**PGY1 Residency Program Director**

**Veteran Health Indiana – Roudebush VA Medical Center**

**Pharmacy Department (119)**

**1481 West 10th Street**

**Indianapolis, IN 46202-2884**

# NOTE: APPLICATION DEADLINE IS JANUARY 1, 2025

# This application must be submitted ELECTRONICALLY and uploaded onto PhORCAS.

**Keep the entire application, the cover page and questions, to a maximum of 5 pages.**

**Your curriculum vitae is considered a separate document and can be as long as needed to provide all information requested on the next page.**

## CURRICULUM VITAE

Please upload your curriculum vitae into PhORCAS.

Please include the following information somewhere in your curriculum vitae, where applicable, unless you provided the information in another location within PhORCAS:

* Education
* Professional work experience (describe your responsibilities and specific experiences and include employer, dates of employment, and job title)
* Other work experience (include employer, dates of employment, and title)
* Certifications
* All completed rotations, including length of rotation, site location, preceptor, and a short description of unique activities & responsibilities
* All rotations to be completed, including dates for completion, site location, and preceptor
* Presentations given, medical team talks or topic discussions led, journal clubs presented
* Poster presentations given
* Publications or other written work
* Research experience or project experience
* Teaching experience
* Professional organization membership (include activities, years of involvement, and committees and leadership positions held with dates)
* Non-Pharmacy organization membership (include activities, years of involvement, and committees and leadership positions held with dates)
* Community service activities
* Recognitions and honors
* Hobbies

## APPLICATION QUESTIONS

1. **Tell us about a time when you should have been a patient advocate but didn’t intervene. What did you learn from this experience?**
2. **Describe a stressful situation you have faced in the last five years. How did you handle it, and what would you do differently if it happened today?**
3. **What is something you have worked hard on that you are especially proud of? How long did it take to complete and describe the process?**
4. **What is something you would like us to know about you that is not reflected in your curriculum vitae?**