



Children'sSM
Healthcare of Atlanta
Dedicated to All Better

Pharmacy Residency Application (PGY-1)

Please complete and upload this with your other materials by December 31, 2017.

NAME: _____ **Date:** _____

What role do you see yourself playing as a Pharmacist on a multidisciplinary team?

How do you feel Children's Healthcare of Atlanta's Residency Program will assist you in reaching your professional goals?



Please rank your top 5 areas of interest. Please use 1 as MOST interested and 5 as LEAST interested.

Rank	
	Ambulatory Care
	Bone Marrow Transplant
	Cardiac intensive Care
	Cystic Fibrosis/Pulmonary
	Drug Information
	Emergency Medicine
	General Pediatrics
	Infectious Disease
	Informatics
	Investigational Medications
	Hematology / Oncology
	Medication Safety
	Neonatology
	OR / Anesthesia
	Pediatric Intensive Care
	Solid Organ Transplant (heart, kidney, liver)

Comments / Other: _____

Are there special projects or other areas that you would like to focus on during your residency?