



Children'sSM
Healthcare of Atlanta
Dedicated to All Better

Pharmacy Residency Application (PGY2) Solid Organ Transplant

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

NAME: _____ **Date:** _____

1. Please describe what you hope to gain from the clinical components of the specialty residency:

2. What individual goals do you hope to accomplish or address during your PGY-2 residency and what aspects of the program do you find appealing to help you achieve those goals?

3. Please describe specific examples of your involvement or exposure in 2 of the following areas:

- Quality
- Outcomes
- Medication Safety
- Discharge education
- Transplant patient care