



**DEPARTMENT OF PHARMACY SERVICES
APPLICATION FOR GENERAL PHARMACY PRACTICE RESIDENCY**

Last Name, First Name, MI: _____

E-mail address: _____

Present address: _____

Present phone: _____

Permanent address: _____

Permanent phone: _____

Licensure:

Are you licensed to practice pharmacy in the State of Florida? Yes No

If you answered "No" to the above question, expected date of FL licensure: _____

Education:

Pharmacy School(s): _____

Dates attended: _____

Degree(s): _____ Date of graduation: _____

Other Colleges and Degrees: _____

Signature: _____ **Date:** _____

The following items must be postmarked by January 16 to complete this application:

- A discussion of your professional goals and objectives and your reason for pursuing a residency. Also include the areas of pharmacy in which are you most and least interested.
- Current Curriculum Vitae
- Three letters of recommendation using provided form. One letter should be completed by a non-pharmacist.
- Official transcript from all colleges of pharmacy attended

Send all application materials to:

Christine Price, Pharm.D.
Morton Plant Mease Health Care
Dept. of Pharmacy, MS #51
300 Pinellas Street
Clearwater, FL 33756