

Saskatchewan Pharmacy Residency Programs APPLICATION

Please select the Pharmacy Residency Program that you are applying for:

Saskatoon

Regina

Please note: A separate application form must be completed and submitted to the appropriate coordinator for each residency program that you are applying for.

It is very important to follow these instructions very carefully. Interviews may not be granted to individuals who submit incomplete or poor quality applications. Some residency programs screen candidates using the completed application and references. Not all applicants may be granted an interview.

I. Personal Data

Applicant Name: _____

Current Address: _____

Telephone: _____ Email: _____

Permanent Address: (If different than above) _____

Telephone: _____ Email: _____

Are you a Canadian citizen, landed immigrant or holder of a valid Canadian work permit? Yes / No

Social Insurance Number (SIN): _____

II. Provincial Licensure

Saskatchewan Pharmacy Residents are required to hold a practicing pharmacist license in the province of Saskatchewan at the earliest possible date. Licensure requirements are listed on the Saskatchewan College of Pharmacist's website.

When did you / will you sit your Pharmacy Examining Board of Canada examinations?

Date: _____
(mm/dd/yyyy)

For out-of-province applicants; please confirm the anticipated date (considering required internship hours in Saskatchewan and writing of the Jurisprudence Examination) you would become licensed:

Date: _____
(mm/dd/yyyy)

III. Post-secondary Education

University	Dates of Attendance	Degree/Diploma Obtained
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IV. Professional Associations or Society Memberships Currently Held

V. Undergraduate Education & Electives

Please indicate the electives and required undergraduate course work you consider relevant to you residency candidacy. *(Please limit to space provided.)*

VI. ATTACHMENTS Required for this Application

Please note: *Please read carefully. If any of the following attachments are missing, your application will NOT be considered.*

1. Resume AND Wallet sized photo of yourself

Email your current resume with this application (pdf format preferred). Include a wallet-sized (2.5" x 3.5" or 750 x 1050 pixels) photo of yourself (electronic file such as a jpeg or a scanned image are acceptable). In the resume, please ensure that you include Structured Practice Experiences, Internship, summer employment, scholarships, postgraduate training, and/or professional practice experience prominently. Volunteer work, leisure activities, and community involvement should also be highlighted.

2. Academic transcripts

Include with this application a scan of the OFFICIAL TRANSCRIPT from the university where you obtained your pharmacy degree. Unofficial electronic versions of transcripts are NOT acceptable.

3. Letter of Intent

Please include a letter of intent to this application (pdf format preferred). The letter should be addressed to the program coordinator or director and should outline, in 250 words or fewer, your reasons for applying, your career goals, as well as personal qualifications and work experience which would be an asset to the pharmacy residency program.

4. References

Candidates are required to request confidential references from three persons, one of which is from a previous or current employer. Please list these individuals below. Please provide a blank copy of the **Saskatchewan Residency Reference Form** to each referee. *Note:* Referees must be advised to send the forms directly to the appropriate Program Coordinator. (Emails or letters sent via the applicant will not be accepted.)

Reference No. 1

Name: _____ Position: _____

Address: _____

Daytime telephone: _____ Email: _____

Reference No. 2

Name: _____ Position: _____

Address: _____

Daytime telephone: _____ Email: _____

Reference No. 3

Name: _____ Position: _____

Address: _____

Daytime telephone: _____ Email: _____

I certify that all the information that I provide is, to the best of my knowledge, true and complete. I agree, if admitted to a residency program to comply with the guidelines of the Saskatchewan Residency Program and to abide by the rules and regulations of the hospital to which assigned, as they are now and may become effective in the future. I understand that employment in the hospital to which assigned may be contingent on the results of the medical examinations and tests required of the hospital for its employees.

*Signature: _____ Date: _____

*A SCANNED copy of the signed form is acceptable

(mm/dd/yyyy)

A copy of this entire application must be emailed to the appropriate Residency Coordinator, **on or before OCTOBER 28th at 1600 hours MST**. Coordinator email addresses follow below.

PLEASE NOTE THE FOLLOWING:

1. If you are granted an interview, you must register with the CSHP National Matching Service by the deadline listed on the CSHP website (www.csHP.ca) – The ranking form should NOT be submitted to the individual residency programs (ONLY to the CSHP National Matching Service). You are required to pay a one-time fee prior to registration.

2. The Regina Qu'Appelle Health Region is experiencing technical difficulties sending emails to HOTMAIL accounts. If you do not have access to another type of email provider, please provide alternate contact information such as a fax or telephone phone number.

REGINA Residency Program

Please email form to:

Jennifer Bolt Bsc.Pharm, ACPR, PharmD
Residency and Education Coordinator
Regina Qu'Appelle Health Region
Pharmaceutical Services, Regina General Hospital
1440 14th Avenue
Regina, SK. S4P 0W5
Email: Jennifer.bolt@rqhealth.ca

SASKATOON Residency Program

Please email form to:

Barb Evans, BSP, ACPR. MSc, FCSHP
Manager, Clinical Pharmacy Services
Saskatoon Health Region
103 Hospital Drive
Saskatoon, SK. S7N 0W8
Email: barb.evans@saskatoonhealthregion.ca