

IV. Employment History

List in CHRONOLOGICAL ORDER from secondary school graduation until the present (including Structured Practice Experiences, Internship, summer employment, postgraduate training, and/or professional practice).

<u>Position and Nature of Work</u>	<u>Place</u>	<u>Dates</u>

List professional associations or society memberships you currently hold:

V. Award, Scholarships, Prizes Received

VI. Undergraduate Education & Electives

Please indicate the electives and required undergraduate course work you consider relevant to you residency candidacy.

VII. Resume

Please append your current resume to this application

VIII. Letter of Intent

Please append a letter of intent to this application. The letter should be addressed to each program’s contact person and should outline, in 250 words or fewer, your reasons for applying, as well as personal qualifications and work experience which would be an asset to the hospital pharmacy residency program. This letter does NOT have to be sent to the Sask residency coordinator.

IX. 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. The candidate is to provide a copy of the reference form, along with a stamped addressed envelope to each of their references (references are to provide the form DIRECTLY to each program applied to. References do NOT have to be sent to the Sask. residency coordinator).

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Daytime Phone Number</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

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 Hospital 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 copy of this entire application must be sent to the Residency Coordinator of the program(s) you are applying to, on or before **NOVEMBER 1st**:

Wm. Semchuk, MSc, Pharm D, FCSHP
 Manager, Clinical Pharmacy Services
Regina Qu’Appelle Health Region
 1440, 14th Ave.
 Regina, SK
 S4P 0W5

Barb Evans, BSP, MSc
 Coordinator, Clinical Pharmacy Services, RUH
Saskatoon Health Region
 103 Hospital Drive
 Saskatoon, Saskatchewan
 S7N 0W8

A copy of the application form only should be sent to the Saskatchewan Residency Coordinator at the address below. Note, it is not necessary to send reference letters, transcripts or letter of intent to the Saskatchewan Coordinator.

David Blackburn
College of Pharmacy and Nutrition
University of Saskatchewan
110 Science Place
Saskatoon, SK
S7N 5C9

NOTE: National Match – Ranking form is to be submitted ONLY to the CSHP National Matching Service

Good Luck!!