

**RICHARD L. ROUDEBUSH VA MEDICAL CENTER  
PURDUE UNIVERSITY SCHOOL OF PHARMACY**

**AMBULATORY CARE / EDUCATION  
POST GRADUATE YEAR TWO (PGY2)  
RESIDENCY APPLICATION**

**NAME:** \_\_\_\_\_  
Last First Middle

\* **Permanent Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
( )  
\_\_\_\_\_  
Telephone Number

\* **Present Address:** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip  
( )  
\_\_\_\_\_  
Telephone Number

**\*Please indicate your preferred mailing address during the recruitment process  
(December 2009-March 2010)**

**E-mail address:** \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_ **Pager Number:** ( ) \_\_\_\_\_

**Please address correspondence to:**

**Deanna S. Kania, Pharm.D., BCPS  
Residency Program Director  
R.L. Roudebush VA Medical Center  
Pharmacy Department (119)  
1481 West 10<sup>th</sup> Street  
Indianapolis, IN 46202-2884**

**NOTE: APPLICATION DEADLINE IS JANUARY 4, 2010  
If you are submitting ELECTRONICALLY, keep the application to  
a MAXIMUM of FIVE PAGES in length**



- 4. What specific teaching experience have you had during your pharmacy practice residency or training? Include didactic teaching, small group facilitation, preceptorship, etc.**

#### **OTHER**

- 1. Provide a detailed description of a significant clinical intervention that you have made within the past year.**

- 2. Describe a confrontational situation that you have had with a physician or another individual. How did you resolve the issue?**

**3. Describe a project/activity you helped initiate this past year. Describe your role in the process.**

**4. Describe a difficult interaction that you had with a student. How did you resolve the issue?**

**5. How has your work and academic experience shaped your future career in pharmacy?**

## **RECOMMENDATION LETTERS**

**Please list the names and addresses of those individuals who will be sending recommendation letters to us:**

**1.**

**2.**

**3.**

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Signature

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Date