



**Community Pharmaceutical Care Experience**

Briefly outline your experience providing patient care in the community pharmacy setting.

**References**

Letters of recommendation have been requested from the following individuals and will arrive under separate cover

Name	Position	Institution	City/State

**Licensure status**

State \_\_\_\_\_ Certificate No. \_\_\_\_\_ Date Granted \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ Date of completion \_\_\_\_\_ Signature of applicant \_\_\_\_\_

**Materials required to complete application**

- Completed application form**
- Letter of interest including utility of program in meeting career objectives**
- Up to date curriculum vitae**
- Official copy of Pharmacy College/University transcript(s)**
- Three letters of recommendation or included Recommendation Request form**

Review of applications and scheduling of interviews begins January 15, 2010. Later applications will be considered. Send completed application materials by January 15, 2010 to:

Jay D. Currie, Pharm.D.  
 Professor (Clinical) and Program Director  
 PGY1 Community Pharmacy Practice Residency  
 115 So. Grand Ave  
 S 521 Pharmacy Building  
 College of Pharmacy  
 The University of Iowa  
 Iowa City, Iowa 52242-1112

The College of Pharmacy at the University of Iowa requests this information for the purpose of processing your application for a position as a Community Pharmacy Practice Resident. No persons outside the University are routinely provided this information without your consent. Responses to all items are required. If you fail to provide the required information, the College of Pharmacy may be unable to process your application.

This statement is included in compliance with the Iowa Fair Information Practices Act.