



□ **Recommendations from three references\***

- The “Recommendation Request for Applicant to Pharmacy Residency Program” form is **required**. Letters of recommendation are optional. Preferably, at least two of your references should address your patient care skills.

□ **Your personal statement/cover letter**

- We understand that applicants are more than the sum of their CV, work history, and academic record. The personal statement is an opportunity for applicants to share with the selection committee other important information about themselves.
- Please include in your personal statement:
  - Why do you want to do a pharmacy practice residency?
  - Why am I interested in the Frederick Memorial Hospital’s residency program?
  - What attributes make you an outstanding candidate for this position?

**\* It is the applicant’s responsibility to request these items as early as possible. Deadline exceptions will not be granted for these items even though they require action by someone other than the applicant.**

**⊥ An onsite interview is required. If you are planning to be in the Maryland/ DC area for interviews, please indicate when you are scheduled to be here and we will try to coordinate interview dates:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

*By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge.*

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**APPLICATION PROCEDURE:**

Please complete and send your application materials to:  
Patricia Grunwald, Pharm.D.  
Residency Director, Frederick Memorial Hospital Pharmacy Practice Residency  
Pharmacy Services Department  
400 West Seventh Street  
Frederick, MD 21701  
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