

**SCHOOL OF PHARMACY**  
**University of Southern California**

**2005-2006 PHARMACY RESIDENCY AND  
FELLOWSHIP PROGRAMS APPLICATION**

At the USC School of Pharmacy,  
USC/Norris Cancer Hospital and Research Institute,  
and affiliated programs including  
Hollywood Presbyterian Medical Center  
VA Greater Los Angeles Healthcare System,  
Los Angeles, Sepulveda and West Los Angeles Divisions

Please place  
2" x 2" (passport size)  
photo here for  
identification purposes.

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY#:** \_\_\_\_\_  
last name first name middle initial

If you have used or have been known by any other name, please give details, e.g., maiden name:

**ADDRESS:** \_\_\_\_\_  
number street apt# city state country ZIP code

**PERMANENT ADDRESS:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_ **PAGER (if applicable):** (\_\_\_\_) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Are you a U.S. citizen? \_\_\_\_\_ Permanent Resident? \_\_\_\_\_

Alien Number \_\_\_\_\_ If none of the above, what is your visa status? \_\_\_\_\_

<b>COLLEGES ATTENDED/ CURRENTLY ATTENDING</b>	<b>CITY and STATE</b>	<b>DATES OF ATTENDANCE</b>	<b>DEGREE</b>
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Please list your approximate grade point average for pharmacy school: \_\_\_\_\_

Can you communicate in languages other than English? \_\_\_\_\_

<b>If yes, please identify:</b>	<b>Language</b>	<b>Speak?</b>	<b>Read?</b>
_____			
_____			
_____			

List the last four jobs/positions you have held. Begin with your present position:

<b>POSITION</b>	<b>ORGANIZATION</b>	<b>CITY and STATE</b>	<b>DATES OF EMPLOYMENT</b>
_____			
_____			
_____			
_____			

Please check here if you are currently employed by the University of Southern California.

Do you have any chronic illnesses, which would affect your performance as a resident or fellow? If yes, please give details.

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Please list three references from whom we may expect letters of recommendation:

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Please forward an updated curriculum vitae, your official pharmacy school transcripts, and a brief letter of intent explaining your reason for desiring this training program, along with the completed application materials, to:

William C. Gong, Pharm.D., FASHP  
Associate Professor of Clinical Pharmacy  
Director, Residency and Fellowship Training Programs  
University of Southern California  
School of Pharmacy  
1985 Zonal Avenue  
Los Angeles, California 90089-9121  
(323) 442-2625  
E-mail: wgong@usc.edu

Letter of intent, application, and curriculum vitae must be received at the University no later than **January 1, 2005**. Three letters of recommendation and your official transcripts must be received no later than January 7. You will be notified of the time and place for a personal interview should one be required. Our Pharmacy Practice residency programs participate in the ASHP Residency Matching Program. The specialty residency programs do not participate in the ASHP RMP, and you will be notified of your application status by mid-March.

Please be sure that you have registered with the ASHP Resident Matching Program if you are applying to our Pharmacy Practice residencies.

Please indicate and/or rank your interests (up to five) in the following programs offered at the USC School of Pharmacy and affiliated sites from the following list. ASHP Matching Program Code numbers are indicated on the left, where applicable.

(non-match)	Ambulatory/Primary Care at USC	_____
(non-match)	Ambulatory/Primary Care at VA GLAHS LA Ambulatory Care Center	_____
(non-match)	Ambulatory/Primary Care at VA GLAHS Sepulveda Division	_____
(non-match)	Ambulatory/Primary Care at VA GLAHS West LA Division	_____
(non-match)	Community Pharmacy at USC	_____
(non-match)	Emergency Medicine/Critical Care	_____
(non-match)	Geriatrics at USC	_____
(non-match)	Geriatrics at VA GLAHS Sepulveda Division	_____
(non-match)	Geriatrics at VA GLAHS West Los Angeles Division	_____
(non-match)	Infectious Disease at Huntington Memorial Hospital	_____
(non-match)	Pediatrics at LAC+USC Medical Center	_____
3193	Pharmacy Practice at USC School of Pharmacy	_____
8423	Pharmacy Practice at USC/Norris Cancer Center	_____
9693	Pharmacy Practice at VA GLAHS West Los Angeles Division	_____
4153	Pharmacy Practice at Hollywood Presbyterian Medical Center	_____
(non-match)	Psychiatric Pharmacy at USC	_____
(non-match)	Fellowship in Pharmacodynamics	_____
	Others (e.g., fellowships) _____	_____

I certify that the above information is accurate and that the USC School of Pharmacy may obtain and use information such as references and grades from necessary sources in their evaluation of my application.

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Signature

Date