

**Application for PGY-1 Pharmacy Practice Residency
St. Joseph Mercy Hospital
Ann Arbor, Michigan**

Please type or print legibly. (attach a letter of intent and/or additional pages if necessary)

Name: _____

Date: ____/____/____

1. Describe your rationale for pursuing a pharmacy residency program.

2. Describe how the St. Joseph Mercy Hospital Pharmacy Residency Program supports your rationale.

3. Describe the type of position you would like upon the completion of your residency.
