**PGY1 Pharmacy Residency Supplemental Application Form**

Instructions: Please complete Sections A and B. Please type.

**Section A: Pharmacy Internship Hour Documentation**

Do you currently have a pharmacy intern license in Pennsylvania? Choose an item.

**If no:**

* Have you [or are you planning in the near future] officially logged pharmacy intern hours with another State Board of Pharmacy? Choose an item.

Please list the state(s): Click or tap here to enter text.

**Section B: Applicant Questions** (please type – may extend onto 2nd page)

[There are no wrong answers.]

1. In addition to your letter of intent, please describe why Lancaster General Health has the potential to be a good match for you as a PGY-1 resident.
2. Choose **one** of the following scenarios below. Do **NOT** answer both.
3. Describe a time when you had to adapt to a wide variety of people by accepting or understanding their perspectives.

***OR***

1. Describe a time when you worked with someone whose background, experiences and way of life were different than yours.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electronic signature is acceptable.