**PGY2 Ambulatory Care Pharmacy Residency Supplemental Application**

PGY2 Ambulatory Care Pharmacy Residency

Penn Medicine Lancaster General Health

Updated September 2024

Please answer the following questions as a supplement to your PGY2 Ambulatory Care Pharmacy residency application.

1. In addition to your letter of intent, please describe why Lancaster General Health (LGH) has the potential to be a good match for you as a PGY2 resident. If you are a current PGY1 resident at LGH, discuss why you want to stay at LGH for another year of training.

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1. Please mark your experience in ambulatory care pharmacy during pharmacy school and your PGY1. Select all that apply. You may include future PGY1 rotations that are scheduled but have not yet been completed.

Definitions:

Consultative: pharmacists make recommendations for drug therapy but do not practice under a collaborative agreement

Direct patient care without collaborative drug therapy management (CDTM): pharmacists see patients in the office but are not able to modify drug therapy and do not have a collaborative agreement in place

CDTM: pharmacists seeing patients independently and modifying drug therapy under a collaborative agreement

| **Disease State/Service** | **No experience** | **Consultative** | **Direct patient care without CDTM** | **CDTM** | **Experience during APPE or internships** | **Experience during PGY1** |
| --- | --- | --- | --- | --- | --- | --- |
| 340B |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Anticoagulation |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Asthma |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Cardiology |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| COPD |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Diabetes |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Endocrinology (other than diabetes) |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Geriatrics |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Gout |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| HIV |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Hyperlipidemia |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Hypertension |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Neurology |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Oncology |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Overweight/Obesity |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Pediatrics |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Population Health |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Rheumatology |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Smoking Cessation |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Specialty Pharmacy |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Transitions of Care |[ ] [ ] [ ] [ ] [ ]  [ ]  |
| Transplant |[ ] [ ] [ ] [ ] [ ]  [ ]  |

1. Please briefly describe your interprofessional experiences, including the types of providers you have worked with and the working relationship among those professionals.

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