

**WINNIPEG REGIONAL HEALTH AUTHORITY
PHARMACY PRACTICE RESIDENCY PROGRAM**

**2012/2013 ACADEMIC YEAR
APPLICATION INSTRUCTIONS**

1. Ensure that you have registered with the Residency Matching Service by the stated deadline (go to: <http://www.cshp.ca> and follow the links to “Residency Training”)
2. Ensure that you submit a **complete** application form for the **2012/2013** Academic Year. Don't forget to sign the application form.
3. All information must be typed or neatly printed.
4. “Experience” refers to your employment experience or volunteer work in areas related to pharmacy professional practice.
5. Confidential evaluation forms (supplied) are to be submitted by references upon the request of the applicant. We will not solicit letters for you. At least two of the three references should be from professional or academic personnel, or those who can support your potential for a residency position. Carefully choose the people who you ask to write your reference letters. Encourage them to submit their letters well in advance of the application deadline. Materials must be received by the Program Coordinator via courier or mail service, postmarked on or before the deadline 1 November 2011. Electronic or fax submissions will not be accepted except as indicated.
6. Applicants must disclose if they have applied or intend to apply to other programs such as dentistry, medical school, or other pharmacy practice residency programs prior to the start of the residency year for which this application is made. Applicants must also disclose:
 - ♦ whether they are legally entitled to work in Canada,
 - ♦ standing with any pharmacy licensing body, and
 - ♦ standing with the Pharmacy Examining Board of Canada.
7. It is the responsibility of the applicant to contact the Manitoba Pharmaceutical Association and/or Pharmacy Examining Board of Canada for information about the steps that must be taken to qualify for licensure in Manitoba.
8. All applicants must submit with their application the following items:
 - a) A completed application form
 - b) A typewritten page explaining:
 - your career goals
 - reasons for applying for a hospital residency program
 - your expectations of a residency program
 - c) Official university transcript(s) of academic record
 - d) Letters of reference (completed confidential evaluation forms)
 - e) For those applicants who have not yet received a pharmacy degree, a listing of course names and descriptions for which the applicant is registered in the final year of the degree program. (Please separate required courses from elective courses).

9. **REMINDER: All parts of the application must be received by regular mail or courier, postmarked on or before: November 1st, 2011 Faxed or electronic documents will not be accepted.**

10. Selection Process

a) Initial Screening

- applicants who fail to submit a complete application form and supporting documents by the deadline will be automatically excluded from further consideration
- applications will be screened by the Residency Director, then selected for a personal interview according to pre-established criteria that include, but are not limited to:
 - ♦ letters of reference
 - ♦ undergraduate academic record
 - ♦ previous pharmacy experience (hospital or retail as a technician or pharmacist) and electives
 - ♦ interest in hospital pharmacy as a career (i.e. motivation letter and goals)
 - ♦ communication skills (written)
 - ♦ work ethic attitude
 - ♦ organizational skills
 - ♦ entitlement to work in Canada
 - ♦ standing with pharmacy licensing bodies and the Pharmacy Examining Board of Canada
 - ♦ ability to achieve full registration and licensure as a Patient Care Setting pharmacist in the province of Manitoba within the first six months of the Residency Program (for applicants that are not registered with the Manitoba Pharmaceutical Association or in possession of a Patient Care Setting Pharmacist License in Manitoba at the time of application).

b) The program reserves the right to interview only selected applicants. Those who are selected will be contacted regarding an interview (on-site or via teleconference) during 2nd week of November through 3rd week of December.

c) After the interviews are completed, the WRHA Residency Program will rank its order of preference of applicants and participate in matching programs as required by the Canadian Hospital Pharmacy Residency Board. The WRHA Residency Program will adhere to the offer and acceptance deadlines of the Residency Matching Service.

11. Prior to the start of a hospital residency, all residents must show proof of membership in the Canadian Society of Hospital Pharmacists. Residents are required to maintain active membership in the Canadian Society of Hospital Pharmacists for the duration of residency training.

Please direct all correspondence to:

Donna Woloschuk, Pharm.D., Director
WRHA Pharmacy Practice Residency Program
Deer Lodge Centre North Pavilion Room 241
2109 Portage Avenue
Winnipeg, Manitoba
R3J 0L3

**WRHA Pharmacy Practice Residency Program
2011/2012 Academic Year**



Winnipeg Regional
Health Authority
Office régional de la
santé de Winnipeg

Application for Pharmacy Residency in Hospital Practice 2012/2013 Academic Year

Complete all sections of this form in black ink only

NAME: (LAST) (FIRST) (INITIAL)

PERMANENT ADDRESS:

MAILING ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

1. ACADEMIC BACKGROUND (Post Secondary):

Dates		Institution	Major Course	Graduating Year
From	To			

2. HONOURS, AWARDS, SCHOLARSHIPS:

3. PRESENTATIONS:

4. EMPLOYMENT EXPERIENCE:

Dates		Name and Address Of Employer	Position and Duties
From	To		

5. EXTRACURRICULAR ACTIVITIES AND COMMUNITY SERVICE:

6. PROFESSIONAL ORGANIZATIONS (Including Licenses and Offices Held):

7. HAVE YOU APPLIED FOR OTHER PROGRAMS THAT HAVE ENROLLMENT/EMPLOYMENT DATES THAT WILL OVERLAP THOSE OF THE WRHA RESIDENCY PROGRAM (June 2012 through May 2013)?

- NO
 YES - Please indicate below
- Other pharmacy residency programs
 - Employment/Return of Service Contract
 - Graduate program (e.g., MSc, PharmD, PhD)
 - Faculty/School of Medicine
 - Faculty/School of Dentistry
 - Other (specify) _____

8. WRITTEN STATEMENT:

Please attach a statement describing your:

- a) professional goals, and
- b) reasons for applying for a hospital residency program, and
- c) expectations of a residency program

APPLICATION AND SELECTION CALENDAR
2012/2013 Academic Year
(June 2012 to May 2013)

Students at the University of Manitoba should watch the Faculty of Pharmacy bulletin boards for event notices and memos regarding the Winnipeg Regional Health Authority Pharmacy Practice Residency Program. Other applicants should contact the Program Coordinator for further information about WRHA residency programs.

DATE/LOCATION	EVENT/PROCESS
October/November Watch for posters advertising this CSHP sponsored event	CSHP (Manitoba Branch) Students & Residents' Night <ul style="list-style-type: none"> • Current residents make presentations on a set topic • Program Coordinator/Director available to answer questions about residencies
CSHP Website	Register for the Residency Matching Service
1 November (postmarked or courier delivery – electronic submissions not accepted)	APPLICATION DEADLINE All application material to be submitted (including reference evaluations) to: Dr. Donna Woloschuk WRHA Pharmacy Residency Director Deer Lodge Centre North Pavilion Room 241 2109 Portage Avenue Winnipeg, MB R3J 0L3
first three weeks of November	Potential candidates contacted re: on-site or teleconference interview
3 rd week of November through 3 rd week of December	INDIVIDUAL INTERVIEWS
Per Residency Matching Service deadlines (see CSHP website)	Residency offers made to successful candidates
Per Residency Matching Service deadline (see CSHP website)	Deadline for acceptance/rejection of offers



Winnipeg Regional
Health Authority
Office régional de la
santé de Winnipeg

CONFIDENTIAL EVALUATION FORM WRHA Pharmacy Practice Residency

To be returned by November 1, 2011

Director, WRHA Pharmacy Practice Residency Program
Deer Lodge Centre, North Pavilion Room 241
2109 Portage Avenue
Winnipeg, Manitoba
R3J 0L3

Applicant's Name: _____

Instructions for Evaluator:

The person named above has applied for a position as a hospital pharmacy resident with the Winnipeg Regional Health Authority. To assist in the selection process, please complete this 3-page evaluation form and return it to the address above. You may include a separate letter with this form if you prefer. Submission by facsimile (204-940-2182) is acceptable if the original, signed document is provided within one week after the deadline (e.g., by courier or regular mail service).

If you do not know the applicant well enough to complete the evaluation, or if you know the applicant well but are unable to comment on a particular attribute, please feel free to indicate this (frank statements will not compromise the candidate's application).

This evaluation will remain strictly confidential.

Please give your assessment of the following specific attributes of the candidate:

1. How long have you known the applicant, and in what capacity?

2. Leadership ability.

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3. Initiative, motivation and self-direction.

4. Academic knowledge base and intellectual ability.

5. Ability to work with others.

6. Written and verbal communication skills.

7. Emotional maturity, stability and self-control

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8. In your opinion, how would you rate this applicant's potential as a residency candidate?

outstanding _____
excellent _____
good _____
fair _____
poor _____

9. Additional comments that you feel are pertinent to the consideration of this application.

<u>Evaluator:</u>	
Name:	_____
Position:	_____
Address:	_____ _____
Telephone:	_____
Signature:	_____
Date:	_____

Thank you for your consideration in the completion of this document.