

**Lutheran General Hospital  
Department of Pharmacy**

**Residency Application**

**INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS:**

1. Complete and return this application form.
2. Send a copy of your CV.
3. Forward a copy of your College of Pharmacy transcripts.
4. Distribute the enclosed recommendation forms to three professional references (at least 2 from clinical instructors, please). Be sure references are aware of the deadline.
5. You will be contacted for an interview when we have received all your materials.

6. Direct all correspondence, completed forms, and phone calls to: Debby Gwozdz Bryniarski, Pharm.D.  
Residency Program Director  
Lutheran General Hospital  
1775 Dempster Street  
Park Ridge, IL 60068  
(847) 723-5879-phone  
(847) 723-2326-FAX
7. Deadline for 2008 applications is **January 11, 2008.**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(ASHP Residency Match Program Number)

Please list your preferred mailing address below.

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city/state/Zip)

\_\_\_\_\_  
(phone)

Are you licensed as a pharmacist in any state?  Yes  No

State: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Please answer the following questions on a separate piece of paper and attach to this application.

1. What are your long range career goals? What would you like to be doing five years from now?
2. What do you expect to gain from a residency at Lutheran General Hospital? On what particular areas of hospital pharmacy practice would you like to concentrate?

## Professional References

List pharmacy employers and/or clinical instructors whom you have requested to write recommendations.

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Name

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Affiliation

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Position

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Name

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Affiliation

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Position

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Name

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Affiliation

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Position