



**West Virginia University School of Pharmacy / Mylan Laboratories, Inc.  
Specialized Residency in Drug Information**

**Application Form**

**INSTRUCTIONS**

**Application must be completed and returned by February 5<sup>th</sup>.** A letter of intent, stating your career goals, major areas of interest, and reason(s) for applying to this program must be included with this application form along with your resume or curriculum vitae. *Three* letters of recommendation (use forms) must also be completed and returned. All application materials are to be returned to Marie A. Abate, PharmD, Coordinator, Drug Information Residency, West Virginia University, School of Pharmacy, PO Box 9520, Morgantown, WV 26506-9520.

**CONTACT INFORMATION**

Name: \_\_\_\_\_  
Last Name First Name MI

Address where correspondence should be sent:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_  
Work Home

E-Mail Address: \_\_\_\_\_

States Licensed to Practice: \_\_\_\_\_

**ACADEMIC BACKGROUND** (Start with most current)

College/University: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Date Received: \_\_\_\_\_

College/University: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Date Received: \_\_\_\_\_

College/University: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Date Received: \_\_\_\_\_

College/University: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree/Date Received: \_\_\_\_\_

**POST GRADUATE TRAINING**

Institution: \_\_\_\_\_

Experience: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Institution: \_\_\_\_\_

Experience: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**HONORS/AWARDS RECEIVED** (Please list)

\_\_\_\_\_  
Honor/Award Date(s)

\_\_\_\_\_  
Honor/Award Date(s)

\_\_\_\_\_  
Honor/Award Date(s)

\_\_\_\_\_  
Honor/Award Date(s)

**PROFESSIONAL EXPERIENCE** (Start with most recent)

\_\_\_\_\_  
Position Location Dates

\_\_\_\_\_  
Position Location Dates

\_\_\_\_\_  
Position Location Dates

\_\_\_\_\_  
Position Location Dates