



**West Virginia University School of Pharmacy/Viatris
Specialized Residency in Drug Information**

Application Form

Application must be completed and returned by February 10. 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 should be returned to Marie A. Abate, PharmD via email or regular mail (E-mail: mabate@hsc.wvu.edu; Regular mail: Dr. Marie Abate, 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