**CCHMC Division of Pharmacy PGY1 Resident Application – Additional Information**

Please answer the following questions as completely as possible.

**This form must be submitted through PhORCAS as part of the additional documents portion of the application**.

Submit answers to these questions based on your APPE Clinical Rotations and other academic work. For APPE Clinical Rotations, please include all completed rotations **AND** expected rotations, to the best of your ability.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your career goals after completing a PGY1 Pharmacy Residency? \_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List all pharmacy work experience you have had outside of your PharmD Rotations. (Include title, location, hours worked during break AND school, start date and end date)

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1. Have you participated in clinical research? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Please copy and paste if more fields are needed for DUEs or Research Projects.)

* 1. Describe any DUEs you participated and list your role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Describe any research projects you participated in:

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Investigator or Co-Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Collector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List all posters you have presented (title, location, date, authors)

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1. List all publications, including newsletters, for which you have been listed as an author (title, date, journal, authors). Also include the status of the manuscript (submitted, accepted, or in print).

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1. Describe the last time you made a clinical recommendation that was not followed. Describe how you handled the situation. (Please do NOT include any patient specific information that would violate HIPPA.)

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1. How long were your APPE rotations? \_\_\_ 1 month \_\_\_ 4 weeks \_\_\_\_ 5 weeks \_\_\_\_6 weeks \_\_\_\_ 8 weeks \_\_\_\_ 2 months \_\_\_\_ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many total APPE (ADVANCED PharmD rotations) did you/will you complete (do NOT include introductory/early experiential rotations)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Answer the following questions for **each APPE rotation**

**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

Presented Journal Club? \_\_\_ Yes \_\_\_ No

Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitored Inpatients? \_\_\_ Yes \_\_\_ No

Monitored Outpatients/Ambulatory Care? \_\_\_ Yes \_\_\_ No

Completed formal Drug Information Questions \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Number

List daily activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

Presented Journal Club? \_\_\_ Yes \_\_\_ No

Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitored Inpatients? \_\_\_ Yes \_\_\_ No

Monitored Outpatients/Ambulatory Care? \_\_\_ Yes \_\_\_ No

Completed formal Drug Information Questions \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Number

List daily activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

Presented Journal Club? \_\_\_ Yes \_\_\_ No

Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitored Inpatients? \_\_\_ Yes \_\_\_ No

Monitored Outpatients/Ambulatory Care? \_\_\_ Yes \_\_\_ No

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List daily activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rotation Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

Presented Journal Club? \_\_\_ Yes \_\_\_ No

Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List daily activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

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Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

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Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Monitored Outpatients/Ambulatory Care? \_\_\_ Yes \_\_\_ No

Completed formal Drug Information Questions \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Number

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**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

Presented Journal Club? \_\_\_ Yes \_\_\_ No

Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

Presented Journal Club? \_\_\_ Yes \_\_\_ No

Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rotation Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Completed formal Drug Information Questions \_\_\_ Yes \_\_\_ No \_\_\_\_\_ Number

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**Rotation Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended DAILY rounds with medical team? \_\_\_ Yes \_\_\_ No

Presented Journal Club? \_\_\_ Yes \_\_\_ No

Presented Case Presentation? \_\_\_ Yes \_\_\_ No

Presented Other Presentation? \_\_\_ Yes \_\_\_ No Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitored Inpatients? \_\_\_ Yes \_\_\_ No

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