**Cincinnati Children’s Division of Pharmacy**

**PGY2 Pediatric Resident Application – Additional Information for 2025-2026 Cycle**

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**.

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

1. What are your career goals after completing a PGY2 Pediatric Pharmacy Residency?

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1. List all pharmacy work experience you have had prior to your PGY1 Residency (not IPPE/APPE rotations or shadowing experiences). Please include your start date and end date, title, general responsibilities, location, and hours worked during breaks AND school.

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| **Start Date** | **End Date** | **Title and Responsibilities** | **Location** | **Hours Worked** |
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1. For your **PGY1 staffing experience**, please answer the following:
	1. How frequently do you staff on weekends?

[ ] Every other weekend [ ]  Every third weekend [ ]  Every fourth weekend [ ]  Other

* 1. Does your staffing shift include clinical responsibilities (kinetics, drug monitoring, etc)
	[ ]  Yes [ ]  No
	2. Where do your staffing shifts occur?

[ ]  Standalone pediatric hospital [ ]  Pediatric hospital/satellite in adult institution

[ ]  Adult-only institution [ ]  Other/combination

[ ]  Adult-only (w/ NICU)

* 1. Do you have on-call shifts?

[ ]  Yes [ ]  No

If you checked other above in 3.a., please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If not included on your CV, list all presentations you have given **during your PGY1**, including the presentation type, title, date, location, audience, and if continuing education (CE) credits were awarded.

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1. Please list all committees you are involved with in your **PGY1**, including committee name, hospital-wide or pharmacy only, and your role on the committee (participant, active responsibilities, leader/organizer, committee chair/co-chair/officer)

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1. Have you had the opportunity in any of the following as a part of your PGY1 Residency Program:
	1. If offered, are you participating in a teaching certificate program?

[ ]  Yes [ ]  No [ ]  Not available

* 1. Have you or will you present didactic lecture(s) at a College of Pharmacy?

[ ]  Yes [ ]  No

* 1. Have you or will you precept one or more APPE student rotations?

[ ]  Yes [ ]  No

1. Are you required to complete basic life support (BLS), advanced cardiac life support (ACLS) and/or pediatric advanced life support (PALS) training as part of your PGY1?

[ ]  Yes [ ]  No

* 1. Which of the following trainings have you completed?

[ ]  BLS [ ]  ACLS [ ]  PALS

* 1. Do you or will you respond to hospital codes as part of your PGY1?

[ ]  Yes [ ]  No

1. If not listed on your CV, what clinical rotations have you or are you anticipated to complete during the remainder of your PGY1 year? Please list rotation title, location, preceptor and dates if available:

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| **Rotation Month** | **Rotation** | **Completed or Anticipated** |
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