



PGY1 Pharmacy Residency Attn: Jacqueline Joss, Pharm.D.
 3615 NW Samaritan Drive Ste 103, Corvallis OR 97330
 Tel: (541)768-5286 www.samhealth.org jjoss@samhealth.org

Application for PGY1 Pharmacy Residency

To be considered for the PGY1 Pharmacy Residency, please submit this application and the following documents:

- Letter of intent outlining reasons for seeking a residency at Samaritan Health Services
- Curriculum vitae or resume
- Official college transcripts (Pharmacy)
- Three (3) completed recommendation forms.

The application deadline is January 10. Interviews are conducted during January and February. Please note that you will need to apply to the ASHP Residency Matching Program to be eligible for our program (match number 154813).

Applicant name

Last	First	Middle Initial
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Mailing address

Street Address

Telephone number

City	State	Zip Code	
()	Social	Security	Number
Area Code	Number		

E-mail address

Provide only one

Pharmacy School

Pharmacy School	Graduation
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Professional Licensure

Do you have a valid Oregon license to practice pharmacy? Y N	License #	Expiration
Have you applied for a pharmacist's license in Oregon? Y N		
If not licensed in Oregon, do you have a valid pharmacy intern license for the State of Oregon? Y / N		
	License #	Expiration
Number of intern hours expected by June 30:		

Other Education

College or University	Dates	Degree/Major

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Samaritan Health Services does not discriminate in employment practices because of race, color, religion, sex, age, disability, national origin, marital status, family relationship, or association with anyone of a particular race, color, sex, national origin, marital status or religion.



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Past Employment

Employer/Contact person	Address	Dates Employed	Job Duties/Function
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Membership and Service in Professional Associations

Association	Member, Office held, or Committees served	Dates
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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I certify that the information set forth by my signature in this Application for Residency is true, complete, and accurate to the best of my knowledge. I understand that falsified statements shall be considered sufficient cause for refusal of Residency application or termination of Residency.

I understand that my Residency acceptance shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

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I understand that Samaritan Health Services will require me to produce documents to verify my legal right to work in the United States of America and satisfactory job reference when an offer of Residency has been made to me. Documents must be produced within three (3) working days or Samaritan Health Services will terminate my residency.

I further understand that my Residency is contingent upon successful completion of post-offer substance abuse, physical capacity testing, employment references, and educational and background information furnished by me. I consent to and authorize Samaritan Health Services and its personnel to request any information concerning my previous employment record as indicated on this Application for PGY1 Pharmacy Residency. I hereby release all parties and person connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such job related information.

In consideration of my employment, I agree to conform to the rules and regulations of Samaritan Health Services and their affiliates. I understand that if employed, I may be required to work at other than my current assignment, as the needs of the organization require. I understand that my employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Samaritan Health Services or myself.

Signature of Applicant

Date

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