University of Puerto Rico School of Pharmacy and Walgreens Community Pharmacy Residency Program (PGY1), San Juan, Puerto Rico

University of Puerto Rico and Walgreens Community Pharmacy Residency Program is a postgraduate training opportunity for pharmacists to enhance their skill set in the community pharmacy setting. The residency is academically affiliated and financially supported, in part, by the University of Puerto Rico School of Pharmacy. The residency will allow the pharmacist to build on their professional skills by providing a variety of patient care services. Pharmacists in this setting will have a direct influence on patient outcomes through participation in patient counseling, immunization services, and Medication Therapy Management with a specific emphasis on patient adherence. Residents will also work to develop collaboration with other area providers to improve the health care of our communities. The residency program graduates will be leaders in the pharmacy community and will have an active role in advancing community pharmacy practice.

Residency Activities
- Evaluate the sustainability of new patient care services
- Enhance existing patient care services
- Pharmacists administration of immunizations
- Serve as preceptor for the School of Pharmacy Pharm.D. Candidates
- Serve as an instructor at the School of Pharmacy
- Presentation of research project findings at a professional conference
- Completion of the Residency Certificate in Academia

Residency Program Benefits
- Competitive stipend
- Comprehensive Medical Plan
- Travel allowance for pharmacy-related conferences
- Two weeks vacation and holidays

Candidate Requirements
- Professional degree in Pharmacy from a college or school of pharmacy accredited by the Accreditation Council for Pharmacy Education
- Completed on-line application at www.walgreens.jobs
- Pharmacist license within 180 days of the start of the residency program

Application Process
A completed application and all accompanying materials must be postmarked no later than February 15, 2013 for candidates to be considered for the 2013-2014 program.

Submit application materials to:
University of Puerto Rico School of Pharmacy and Walgreens Community Pharmacy Residency Program
Attn: Dr. Francisco J. Jiménez
Associate Professor
University of Puerto Rico School of Pharmacy
P.O. Box 365067
San Juan, Puerto Rico, 00936-5067

Contact Information  Specific questions about this residency program should be sent via email to:
CommunityPharmacyResidency.RCM@upr.edu

University of Puerto Rico is an Equal Opportunity Employer. We welcome individuals of diverse talents and backgrounds.
University of Puerto Rico School of Pharmacy / Farmacia San José and Hospital General Castañer Community Pharmacy Residency Program (PGY1), San Juan, Puerto Rico

University of Puerto Rico/Farmacia San José and Hospital General Castañer Community Pharmacy Residency Program is a postgraduate training opportunity for pharmacists to enhance their skill set in the community pharmacy setting. The residency is academically affiliated and financially supported, in part, by the University of Puerto Rico School of Pharmacy. The residency will allow the pharmacist to build on their professional skills by providing a variety of patient care services. Pharmacists in this setting will have a direct influence on patient outcomes through participation in patient counseling, immunization services, and Medication Therapy Management with a specific emphasis on patient adherence. Residents will also work to develop collaboration with other area providers to improve the health care of our communities. The residency program graduates will be leaders in the pharmacy community and will have an active role in advancing community pharmacy practice.

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University of Puerto Rico School of Pharmacy
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University of Puerto Rico School of Pharmacy/Farmacias Caridad Community Pharmacy Residency Program (PGY1), San Juan, Puerto Rico

University of Puerto Rico and Farmacias Caridad Community Pharmacy Residency Program is a postgraduate training opportunity for pharmacists to enhance their skill set in the community pharmacy setting. The residency is academically affiliated and financially supported, in part, by the University of Puerto Rico School of Pharmacy. The residency will allow the pharmacist to build on their professional skills by providing a variety of patient care services. Pharmacists in this setting will have a direct influence on patient outcomes through participation in patient counseling, immunization services, and Medication Therapy Management with a specific emphasis on patient adherence. Residents will also work to develop collaboration with other area providers to improve the health care of our communities. The residency program graduates will be leaders in the pharmacy community and will have an active role in advancing community pharmacy practice.

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Residency Program Benefits

- Competitive stipend
- Comprehensive Medical Plan
- Travel allowance for pharmacy-related conferences
- Two weeks vacation and holidays

Candidate Requirements

- Professional degree in Pharmacy from a college or school of pharmacy accredited by the Accreditation Council for Pharmacy Education
- Completed application
- Pharmacist license within 180 days of the start of the residency program
- Curriculum Vitae
- Three professional letters of recommendation
- Official college or School of Pharmacy transcripts
- Letter of intent
- On-site interview (upon invitation)

Application Process

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University of Puerto Rico School of Pharmacy / Farmacias Caridad Community Pharmacy Residency Program
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Contact Information

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U.P.R. Community Pharmacy Residency Program

Application Process

Applications for the 2013-14 University of Puerto Rico School of Pharmacy Community Pharmacy Residency Programs are due by **February 15, 2013**.

The program requires that the candidate sends the following documents to the Program Director: fully completed application, *Curriculum Vitae (CV)*, letter of intent (English or Spanish), official transcript from an ACPE accredited school of pharmacy, and three professional letters of recommendation. Applicants must complete the application and send his/her CV and letter of intent to CommunityPharmacyResidency.RCM@upr.edu. There are 3 positions available, U.P.R. / Walgreens, U.P.R., Farmacias Caridad / U.P.R. and Farmacia San José / Hospital General Castañer. The letter of intent should indicate his/her preferred program. To apply for the U.P.R. / Walgreens alternative you must complete the application through www.walgreens.jobs. To apply for the U.P.R. / Farmacias Caridad and U.P.R. Farmacia San José / Hospital General Castañer alternative, you must complete the U.P.R. School of Pharmacy Application Form. To be considered for any of the alternatives, you must complete the appropriate application form for each one. Official transcript(s) and letters of recommendation should be sent directly to the Program Director to the correspondence address indicated below. Electronic copies of letters of recommendation will be accepted if they are sent directly from the recommender as a PDF. The time between a program receiving the application and the time applicants are contacted for an interview will be 1-3 weeks. Any questions regarding the application process or the status of the application should be addressed to the Program Director.

Correspondence Address:
Francisco Javier Jiménez, Pharm.D.
Director
U.P.R. Community Pharmacy Residency Program
Department of Pharmacy Practice (Office F-327)
University of Puerto Rico School of Pharmacy
P.O. Box 365067
San Juan, Puerto Rico 00936-5067

**Application Check List:**

- [ ] Application Form Completed
- [ ] Intention Letter
- [ ] Curriculum Vitae *(CV)*
- [ ] Official Transcript Solicited
- [ ] Recommendation Letters Solicited
<table>
<thead>
<tr>
<th>Name of Applicant:</th>
<th>First Name, Middle Name, Last Name</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Street address or P.O. Box</td>
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<td>Address Line 2</td>
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<td>City, State Zip Code</td>
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<td>ASHP Match Number:</td>
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<td>Primary Pharmacy License Number, State or Expected Board Date</td>
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<tr>
<td>Other Pharmacy Licenses Numbers, States, if apply</td>
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</tbody>
</table>

**List Three (3) Contacts Who Recognize You Professionally:**

**Contact 1:**
- First Name, Middle Name, Last Name
- Street address or P.O. Box
- City, State Zip Code
- Primary Telephone Number
- Alternate Telephone Number
- Email 1:
- Email 2:

**Contact 2:**
- First Name, Middle Name, Last Name
- Street address or P.O. Box
- City, State Zip Code
- Primary Telephone Number
- Alternate Telephone Number
- Email 1:
- Email 2:

**Contact 3:**
- First Name, Middle Name, Last Name
- Street address or P.O. Box
- City, State Zip Code
- Primary Telephone Number
- Alternate Telephone Number
- Email 1:
- Email 2:
Residency Applicant Recommendation Request Form
Adapted from ASHP Residency Applicant Recommendation Form

Request for Recommendation by Applicant to Pharmacy Residency Program at:
University of Puerto Rico School of Pharmacy Community Pharmacy Residency Program.

To be completed by applicant: please print or type

Name of Applicant: _______________________________________________________________________________________
First Name, Middle Name, Last Name
_______________________________________________________________________________________
Street address or P.O. Box
_____________________________________________________________ _______________________________________________________________
City, State Zip Code Telephone Number

I waive the right to review this recommendation. ________________________________________________________________
Signature of Residency Applicant

To the recommender:
Please complete and return this form by February 15, 2013 to:
Francisco Javier Jiménez, Pharm.D.
Director
U.P.R. Community Pharmacy Residency Program
Department of Pharmacy Practice (F-327)
University of Puerto Rico School of Pharmacy
P.O. Box 365067
San Juan, Puerto Rico 00936-5067

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

For the recommender to complete:

I have known the applicant for approximately ____ (years-months). My relationship to the applicant is (was) in the following capacity:

___ faculty advisor ___ employer
___ clerkship preceptor ___ supervisor
___ other faculty relationship ___ other (please specify) ___________________________________________________

I know him/her ___ very well ___ fairly well ___ only casually

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Other Comments:
Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

<table>
<thead>
<tr>
<th>CHARACTERISTICS EVALUATED</th>
<th>UPPER 10%</th>
<th>UPPER 25%</th>
<th>UPPER 50%</th>
<th>LOWER 50%</th>
<th>NO BASIS FOR JUDGMENT</th>
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<td>Academic ability</td>
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<td>Quality of work</td>
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<td>Written communication skills</td>
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<td>Oral communication skills</td>
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<td>Leadership skills</td>
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<td>Industriousness and perseverance</td>
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<td>Initiative and motivation</td>
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<td>Assertiveness</td>
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<td>Cooperativeness</td>
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<td>Ability to organize and manage time</td>
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<td>Ability to work with supervisors</td>
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<td>Ability to work with peers</td>
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<td>Ability to work with patients</td>
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<td>Dependability</td>
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<td>Resourcefulness and originality</td>
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<td>Willingness to accept constructive criticism</td>
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<td>Personal appearance and professional demeanor</td>
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<td>Commitment to practice professional</td>
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<td>Emotional stability and maturity</td>
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<td>Enthusiasm</td>
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<td>Integrity</td>
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Recommendation concerning admission (check one):

___ I highly recommend this applicant.  ___ I recommend this applicant, but with some reservation.
___ I recommend this applicant.  ___ I am not able to recommend this applicant.

_______________________________________  ____________________
Signature of Recommender                 Date

Recommender Contact Information:

_____________________________________________________________________________
First Name, Middle Name, Last Name

Title and affiliation:

_____________________________________________________________________________
Street address or P.O. Box

City, State Zip Code  Telephone Number

Email: