



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

- Curriculum Vitae
- Three professional letters of recommendation
- Official college or School of Pharmacy transcripts
- Letter of intent
- On-site interview (upon invitation)

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 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.

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 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

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 / Farmacia San José and Hospital General Castañer 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 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.

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 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

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 / Farmacias Caridad 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



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



Name of Applicant:	First Name, Middle Name, Last Name		
Address:	Street address or P.O. Box		
	Address Line 2		
	City, State Zip Code		
Phone:	Primary Telephone Number		Alternate Telephone Number
Email:	Email 1:		Email 2:
	ASHP Match Number:		
	Primary Pharmacy License Number, State or Expected Board Date		
	Other Pharmacy Licenses Numbers, States, if apply		
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		
Phone:	Primary Telephone Number		Alternate Telephone Number
Email:	Email 1:		Email 2:
Contact 2:	First Name, Middle Name, Last Name		
	Street address or P.O. Box		
	City, State Zip Code		
Phone:	Primary Telephone Number		Alternate Telephone Number
Email:	Email 1:		Email 2:
Contact 3:	First Name, Middle Name, Last Name		
	Street address or P.O. Box		
	City, State Zip Code		
Phone:	Primary Telephone Number		Alternate Telephone Number
Email:	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.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to practice professional					
Emotional stability and maturity					
Enthusiasm					
Integrity					

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: