



PGY1 Pharmacy Residency Supplemental Application Form

Instructions: Please complete Sections A and B. Please type.

Section A: Pharmacy Internship Hour Documentation

Do you currently have a pharmacy intern license in Pennsylvania?

If no:

- Have you [or are you planning in the near future] officially logged pharmacy intern hours with another State Board of Pharmacy?

Please list the state(s):

Section B: Applicant Questions (please type – may extend onto 2nd page)

[There are no wrong answers.]

1. In addition to your letter of intent, please describe why Lancaster General Health has the potential to be a good match for you as a PGY-1 resident.



Penn Medicine

Lancaster General Hospital

2. Choose **one** of the following scenarios below. Do **NOT** answer both.
- (a) Describe a time when you had to adapt to a wide variety of people by accepting or understanding their perspectives.

OR

- (b) Describe a time when you worked with someone whose background, experiences, and way of life were different than yours.

Applicant Signature: _____
Electronic signature is acceptable.

Date: