

Pronoun  First name **John** Last name **Doe**

Former last name

Phone Alternative Phone

Address

Apartment/Unit #

Country Province / State

City Postal code / Zip code

Would you describe yourself as part of an equity-seeking group? If other, describe

Are you a Canadian citizen, landed immigrant, or holder of a valid Canadian work permit?

Yes No

Do you expect to be licensed at the time the residency program would begin?

Yes No

When do you expect to be licenced?

Expected date

7/21/2022

Upload Transcript PDFs

Filename

Size

Choose File No file chosen

Secondary and Post-Secondary Education

For your application to be considered complete, you must include:

- At least one Secondary (High School) education entry (do not include transcript)
- At least one Post-Secondary education entry - including your pharmacy degree, even if still in progress
- At least one Post-Secondary Transcript - your pharmacy degree transcript must be included

Transcripts must include the following data: name, student number, numerical mark and letter grade for each course taken. Unofficial (i.e. unsealed) transcripts in PDF format are acceptable.

Upload all of your transcripts above in PDF format. Then in each education entry below, select the appropriate file from your attachments (if applicable). You can only include one file per education entry. If you have more than one transcript for a single course or certification, combine them into one PDF before uploading.

Education level



School name



Location

Start Month

June



Start Year

2021



End Month

June



End Year

2021



Pharmacy Education

List up to five completed directed studies, graded projects, elective courses or other relevant education experiences that you wish to highlight.

Course

Description

Max 500 characters

0/500

List up to 10 experiential/practicum placements you have completed and/or will have completed by the end of your pharmacy program. Include practicum/rotation course name and course number. In the Brief Description, include the name of the facility where the rotation took place and a brief description of the site (e.g., hospital, community, family practice, long-term care, etc.). For hospital rotations include the specific clinical unit/area. For example, "Canada Hospital, ambulatory clinics, adult internal medicine."

Name of Practicum/Rotation and Course Number

Brief Description (Facility name, site description, specific clinical unit)

Start Month

June



Start Year

2021



End Month

June



End Year

2021



Please exclude program-related experiential rotations.

Position _____ Organization _____

Location _____

Start Month **June** ▼ Start Year **2021** ▼

To present

End Month **July** ▼ End Year **2021** ▼

Supervisor _____

Supervisor position _____ Supervisor email _____

Duties _____

Max 500 characters

0/500

Please list community service or volunteer experience that is independent of your pharmacy training.

Position Organization

Location

Start Month Start Year

To present

End Month End Year

Supervisor

Supervisor position Supervisor email

Duties

Max 500 characters

0/500

List pharmacy-related and non-pharmacy-related leadership activities, starting with your most recent experience.

Position _____ Organization _____

Location _____

Start Month **June** ▼ Start Year **2021** ▼

To present

End Month **July** ▼ End Year **2021** ▼

Supervisor _____

Supervisor position _____ Supervisor email _____

Duties _____

Max 500 characters

0/500

List sports, performance in the arts, hobbies, including dates of involvement and organization, as applicable, starting with the most recent.

Activity Name		Organization
Description		
Start Month		Start Year
June	▼	2021
<input type="checkbox"/> To present		
End Month		End Year
July	▼	2021

Publications and Major Presentations

Provide the names and dates and any brief details of publications and major presentations (excluding those required by the pharmacy program).

Publications

Max 1000 characters

0/1000

Professional Organizations/Affiliations/Memberships

List memberships with professional organizations including dates of involvement, starting with the most recent.

Description

Start Month

June

Start Year

2021

To present

End Month

July

End Year

2021

Awards and Scholarships (please include any dollar amounts)

Name

Description

Max 500 characters

0/500

Awarded Month

June

Awarded Year

2021

Please provide an essay describing the following (max. 600 words / 4000 characters):

- Your reason for applying for a residency program and how it aligns with your career goals
- Your expectations of a residency program
- How your life experiences to date have prepared you for a residency program
- Tell us something about yourself that we have not asked of you in this application.

Essay