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		First name	Last name
Pronoun	≜	John	Doe
Former last nam	ne		
Phone			Alternative Phone
Address			
Apartment/Unit	#		
Country			▼ Province / State ▼
City			Postal code / Zip code
Would you desc	ribe yours	elf 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	
Oo you expect to be licensed at the time the residency program would begin?	
Yes  No	
Vhen do you expect to be licenced?	
xpected date	

Status

7/21/2022

(!)



#### **Upload Transcript PDFs**

Filename	Size	
Choose File No file chosen		

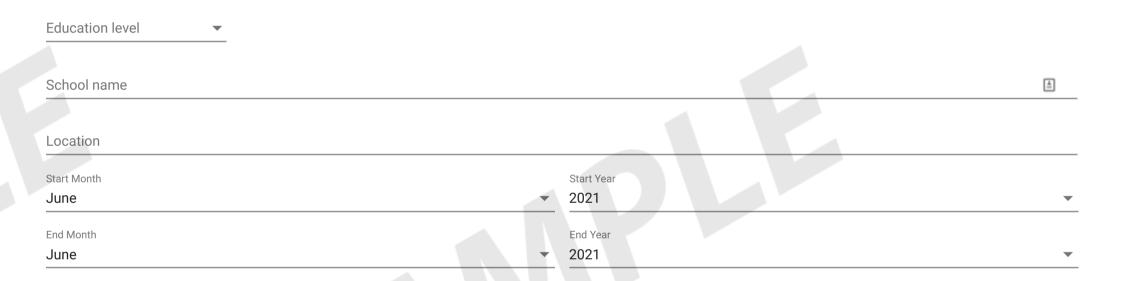
### **Secondary and Post-Secondary Education**

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.



## **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 Co	ourse Number			
Brief Description (Facility name, site	description, specific clin	nical unit)		
Start Month			Start Year	
June			2021	
End Month			End Year	
June		•	2021	•

^	<b>Work Experien</b>	ce (including	paid co-o	experiences)	)
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Please exclude program-related experiential rotations.		
Position	Organization	
Location		
Start Month	Start Year	
June	<b>▼</b> 2021	
☐ To present		
End Month	End Year	
July	2021	
Supervisor		
Supervisor position	Supervisor email	
Duties		
Max 500 characters		0/500

Community Servi	ce / Volunteer	Experience
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l	н	)
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Please list community service or volunteer experience that is	independer	nt of your pharmacy training.	
Position	<b>±</b>	Organization	
Location			
Start Month		Start Year	
June	•	2021	•
To present		End Year	
July	-	2021	•
Supervisor			
Supervisor position		Supervisor email	
Outies			
lax 500 characters			0/500



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

Position	Organization
Location	
Start Month	Start Year
June	▼ 2021
☐ To present	
End Month	End Year
July	▼ 2021
Supervisor	
Supervisor position	Supervisor email
Duties	
Max 500 characters	0/50

and organization, as applicable, starting with the most recent.
ganization
art Year
21

End Year

2021

End Month

July



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# **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		0/100
Professional Organizations	s/Affiliations/Memberships	
List memberships with professional organizati	ions including dates of involvement, starting with the most recent.	
Description		
Start Month June	Start Year  ▼ 2021	
☐ To present	2021	<u> </u>
	End Year	
End Month July	▼ 2021	

# Awards and Scholarships (please include any dollar amounts)

Name			
Description			
Max 500 characters			0/500
Awarded Month  June	Awa 	arded Year 21	_

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

