**Grady Health System**

**PGY1 Pharmacy Residency Program**

**Supplemental Application**

*Instructions to the applicant:* Please complete the following supplemental application form for the Grady Health PGY1 Pharmacy Residency Program in lieu of a letter of interest/intent. Responses should be typed and should be *NO LONGER* than 2 ½ , single-spaced, typed pages. Additional information beyond 2 ½ pages *WILL NOT* be considered as part of the application. Please include your name on the document and upload the completed supplemental form in place of your letter of intent/interest in the PhORCAS system.

1. **Please list the top three reasons you are specifically interested in the residency program at Grady Health System and provide detailed examples from your personal experiences that demonstrate how this program will contribute to your personal and professional development. Focus on experiences that align with our organization’s values and goals.**
2. **Briefly describe your most challenging clinical APPE learning experience highlighting what made it challenging and how you addressed those difficulties.**
3. **Describe how you would advocate for a patient's medication-related needs that were not being adequately addressed. Be sure to detail the steps you would take, the rationale behind your actions, and the desired outcomes. Focus on how the experience reflects your commitment to patient care and professionalism.**
4. **Reflecting on your personal experience, please provide specific examples of how clinical pharmacists can impact direct and indirect patient outcomes in the healthcare setting.**
5. **Briefly describe your exposure to pharmacy residents.**
6. **Have you been involved in research projects during pharmacy school? If so, what was your role?**
7. **How many weeks long were your P4 rotations?**
8. **Please state your date of graduation from Pharmacy School.**