

**SAINT VINCENT HEALTH CENTER**



Department of Pharmacy  
232 West 25<sup>th</sup> Street  
Erie, PA 16544  
(814) 452-5489 (phone)  
(814) 452-5439 (fax)

**PGY-1 RESIDENCY APPLICATION**

**PERSONAL INFORMATION:** (Please Print)

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Name (Last) (First) (Middle)

\_\_\_\_\_  
Permanent Address (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
Phone Numbers (Daytime) (Evening)

\_\_\_\_\_  
School Address (Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
E-Mail Address

Preferred Mailing Address:  Permanent Address  
 School Address

Have you completed or do you anticipate completing the required 750 intern hours for Pennsylvania to be eligible to take your boards before July 1<sup>st</sup>  YES  NO

**REFERENCES (if not included with residency application, list who will be forwarding a letter of recommendation):**

1. \_\_\_\_\_  
(Name / Title)  
\_\_\_\_\_  
(Address) (Phone)
2. \_\_\_\_\_  
(Name / Title)  
\_\_\_\_\_  
(Address) (Phone)
3. \_\_\_\_\_  
(Name / Title)  
\_\_\_\_\_  
(Address) (Phone)