

**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)

**PHARMACY PRACTICE 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

**REFERENCES:**

1. \_\_\_\_\_  
(Name / Title)

\_\_\_\_\_  
(Address) (Phone)

2. \_\_\_\_\_  
(Name / Title)

\_\_\_\_\_  
(Address) (Phone)

3. \_\_\_\_\_  
(Name / Title)

\_\_\_\_\_  
(Address) (Phone)

## **APPLICATION REQUIREMENTS:**

1. Completed application form
2. Curriculum vitae
3. Letter of intent (Include primary area of clinical interest)
4. Copy of college transcripts (Doctor of Pharmacy program only)
5. Three letters of recommendation mailed directly to Saint Vincent Health Center (See <http://www.ashp.org/rtp/PDF/411.pdf> for form)

### **Please mail the above application materials to:**

Andy Grimone, Pharm.D.  
Saint Vincent Health Center  
Pharmacy Residency Director  
232 West 25<sup>th</sup> Street  
Erie, Pennsylvania, 16544  
[agrimone@svhs.org](mailto:agrimone@svhs.org)  
(814) 452-5489 (phone)