

**HealthPartners
Managed Care Residency
Application Form**

Applicant Name _____

Address _____

Telephone Number _____ Email _____

Application Requirements (all materials must be received by January 15, 2008)

- 1. Complete application form**
- 2. Three professional reference forms (sent separately from other application materials)**
- 3. Copies of college of pharmacy transcripts**
- 4. Copy of current curriculum vitae with cover letter explaining your interest in this residency and your career goals**
- 5. Register for the Match in order to participate and eligible to match for the program at the following website, www.natmatch.com/ashprmp. Program code is 124214 (PGY1-Managed Care Pharmacy).**

Please list the names, titles, addresses, and telephone numbers of the individuals who will be used as references. Complete the top portion of each **Professional Reference** form and then forward a copy to each person who will serve as a reference for you.

1. _____

2. _____

3. _____

Send Application Materials To: Vyvy Vo, Pharm.D.
Clinical Pharmacy Program Manager
HealthPartners Pharmacy Services
8100 34th Avenue South
P.O. Box 1309, Mailstop: 2111B
Minneapolis, MN 55440-1309
(952) 967-5133
Vyvy.K.Vo@HealthPartners.com