



MT. EDGECUMBE HOSPITAL

SouthEast Alaska Regional Health Consortium

222 Tongass Drive, Sitka, AK 99835
907 966-2411 • www.searhc.org

PHARMACY EXTERNSHIP APPLICATION

Name (Last, First, M.I.): _____

Home Address: _____

City, State, Zip: _____

Phone: _____ FAX (if available): _____

Campus Address (if different): _____

City, State, Zip: _____

Phone: _____ FAX (if available): _____

e-mail: _____

Date of Birth: _____ Place of Birth: _____

Social Security: _____

Please circle one: [Male] [Female]

U.S. Citizen? Yes ___ No ___ *If no, please list citizenship:* _____

What date will you be available? First choice: _____

Second choice: _____

Academic Experience (Chronological order, beginning with high school)

Name/Location of Institution

Dates Attended

Degree and Date

<i>Name/Location of Institution</i>	<i>Dates Attended</i>	<i>Degree and Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Partner in Health

Employment (Chronological order commencing with high school)

<i>Name of Employer & City</i>	<i>Dates</i>	<i>Position</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary of professional experience (months):

- Community pharmacy: (Full time) _____ (Part time) _____
- Hospital pharmacy: (Full time) _____ (Part time) _____
- Other (explain): _____

How would you judge your experience at this point in the following areas:?

(Please circle. 0 = none, 4 = extensive)

- 0 1 2 3 4 Dispensing
- 0 1 2 3 4 Compounding
- 0 1 2 3 4 O.T.C. drugs
- 0 1 2 3 4 Patient contact
- 0 1 2 3 4 Physician contact (personal/phone)
- 0 1 2 3 4 Patient record systems
- 0 1 2 3 4 Ordering and receiving stock
- 0 1 2 3 4 Medical and surgical accessories
- 0 1 2 3 4 Drug information
- 0 1 2 3 4 Manufacturing or bulk compounding
- 0 1 2 3 4 Narcotic and manufacturing control
- 0 1 2 3 4 Intravenous solutions

Using the above activities as a guide, briefly indicate what experience would benefit you most:

What organizations have you been involved in? (Student, professional, social. Include offices held and major committees.)

What hobbies or out-of-school interests do you have?

Please list the non-pharmacy school and social study courses you have taken.

ALSO SUBMIT:

- **An official transcript through June of your application year (3/5 or 4/6) of your program.**
- **Three letters of recommendation.** One should be from your off campus coordinator giving an evaluation of you for the clerkship program, a letter of recommendation from one of your professors and one from an individual who you have had as a preceptor for internship hours. If you have not completed any internship hours by the time of applying, the letter can be from someone who employed you.

Name of coordinator: _____

Phone : _____

Name of professor: _____

Name of preceptor/employer: _____

• **An attached page (or pages) answering the following questions:**

1. How do you plan on using your pharmacy education after graduation? Explain.
2. What do you see as the one main issue facing pharmacy and/or health care in general over the next ten years. Explain.
3. How will completing a pharmacy clerkship with Mt. Edgecumbe Hospital help you in obtaining your professional goals? Explain.
4. Describe your concepts of Alaska.
5. In completing your intern hours to date, explain your practical experiences. What have you work experience and explain in the same manner.

Please return completed form to:

Jill Reid, Pharm.D.
Pharmacy Extern Coordinator
Mt. Edgecumbe Hospital
Tongass Dr., Sitka, AK 99835
(907) 966-8347
FAX (907) 966-8450
e-mail: jill.reid@searhc.org