



Prospective Resident Survey

The purpose of this survey is to provide further information to the Residency Program Directors and Residency Advisory Committees where candidates are applying.

It is important to be succinct and complete in your answers. You may not have an answer for every question so feel free to leave these blank or place N/A.

Please see the directions below on which areas are to be completed by PGY1 and PGY2 candidates. This is a fillable PDF document. DO NOT handwrite in any information.

DIRECTIONS

All candidates – complete **sections A through F**
PGY1 candidates – complete **section H**

PGY2 candidates – complete **section I**
Optional for all candidates – **section J**

SURVEY

CONTENTS

A. Form BIA 4432 Verification of Indian Preference

WILL YOU BE SUBMITTING THIS FORM WITH YOUR USAJOBS APPLICATION?

Yes No

B. Skills/Abilities

PLEASE SELECT ALL THAT APPLY (*experience may be from work or pharmacy education*). Please provide a brief explanation for any checked boxes in the comment box below.

- | | |
|--|--|
| <input type="checkbox"/> Inpatient order entry/dispensing | <input type="checkbox"/> Drug Utilization Review |
| <input type="checkbox"/> Sterile IVPB/LVP preparation | <input type="checkbox"/> Research Projects (<i>Protocol writing, IRB process, record keeping, publications, presentations</i>) |
| <input type="checkbox"/> Chemotherapy, biologics, nuclear pharmacy experience | <input type="checkbox"/> Formal teaching experience |
| <input type="checkbox"/> ADR Monitoring and Reporting | <input type="checkbox"/> Pharmacy-based clinical services and/or certifications |
| <input type="checkbox"/> Pharmacokinetics – App/Web Based or Manual calculations
(<i>If app/web-based, which ones?</i>) | |

EXPLANATION FOR SECTION B SKILLS AND ABILITIES (*Max 1000 Characters*)

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C. Professional Development

AREAS OF SPECIFIC INTEREST: PLEASE SELECT UP TO SIX (6) *areas of specific interest*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Informatics | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Addiction Medicine | <input type="checkbox"/> Drug Information | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Ambulatory Care | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Investigational Drugs | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Anticoagulation | <input type="checkbox"/> GI Disorders | <input type="checkbox"/> Leadership | <input type="checkbox"/> Pharmacokinetics |
| <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> HIV/Hepatitis C | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Neurology | |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Nutritional Support | |
-

WHICH COMMITTEES/WORK GROUPS: PLEASE SELECT UP TO FOUR (4) committees/work groups you would like to be involved with (*not all options may be available at every program*)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Morbidity and Mortality | <input type="checkbox"/> Health-systems accreditation | <input type="checkbox"/> Pharmacy Management | <input type="checkbox"/> Informatics |
| <input type="checkbox"/> Nutritional Support | <input type="checkbox"/> Emergency management | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Trauma-informed Care |
| <input type="checkbox"/> Pharmacy and Therapeutics | <input type="checkbox"/> Medication Safety | <input type="checkbox"/> Critical Care | |
| <input type="checkbox"/> Infection Control | <input type="checkbox"/> Relationship-based Care | <input type="checkbox"/> Health Education | |
-

WHAT TYPES OF PHARMACY PROJECTS WOULD YOU LIKE TO INITIATE OR PARTICIPATE IN? (*Max 550 characters*)

D. Professional Activities

HAVE YOU PRESENTED AT LOCAL, STATE, OR NATIONAL PHARMACY SOCIETY MEETINGS? WHAT DID YOU PRESENT? WHEN? (*Max 500 characters*)

WHAT LEADERSHIP POSITIONS HAVE YOU HELD DURING PHARMACY SCHOOL AND/OR RESIDENCY? (*Max 500 characters*)

WHAT PROFESSIONAL ACTIVITIES ARE YOU MOST PROUD OF? (*Max 600 characters*)

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E. Goals

WHAT ARE YOUR SHORT-TERM GOALS? *(Max 500 characters)*

WHAT DO YOU WANT TO BE DOING IN 5 YEARS? 10 YEARS? *(Max 500 characters)*

WHAT IS YOUR PHARMACY CAREER PLAN? *(Max 500 characters)*

WHAT IS YOUR LEADERSHIP STYLE? *(Max 500 characters)*

ARE YOU INTERESTED IN APPLYING TO THE USPHS COMMISSIONED CORPS? *(you may change your mind when residency selections are finalized) (Max 200 characters)*

F. Licensure

IHS PHARMACY RESIDENTS ARE REQUIRED TO POSSESS AND MAINTAIN A CURRENT, UNRESTRICTED LICENSE IN A STATE. DESCRIBE YOUR CURRENT PHARMACIST LICENSE STATUS, NOTING CURRENT LICENSE AND STATE. *(Max 300 characters)*

WHAT IS YOUR PLAN FOR KEEPING CURRENT AND MAINTAINING YOUR PROFESSIONAL LICENSE IN THE FIELD OF PHARMACY THROUGHOUT YOUR CAREER? *(Max 300 characters)*

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G. Site interest information

HOW DID YOU HEAR ABOUT THIS IHS RESIDENCY? NOTE ANY IHS ROTATIONS COMPLETED OR PLANNED *(Max 700 characters)*

WHAT ASPECT OF THIS SITE/PROGRAM LED YOU TO APPLY? NOTE TO APPLICANT: PLEASE PROVIDE INFORMATION HERE SPECIFIC FOR THE SITE TO WHICH YOU ARE SENDING THIS FORM. Change this section for each site to which you apply. *(Max 700 characters)*

H. Education and Training – PGY1 Applicants Only *(PGY2 applicants skip to Section I)*

WHICH APPE ROTATION DID YOU ENJOY THE MOST AND WHY? *(Max 700 characters)*

WHICH APPE ROTATION WAS THE MOST BENEFICIAL AND WHY? *(Max 700 characters)*

WHICH APPE ROTATION WAS THE LEAST BENEFICIAL? HOW WOULD YOU IMPROVE IT FOR THE NEXT STUDENT? *(Max 700 characters)*

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I. Education and Training – PGY2 Applicants only

WHICH PGY-1 RESIDENCY LEARNING EXPERIENCE DID YOU ENJOY THE MOST AND WHY? *(Max 700 characters)*

WHICH PGY-1 RESIDENCY LEARNING EXPERIENCE WAS THE MOST BENEFICIAL AND WHY? *(Max 700 characters)*

WHICH PGY-1 RESIDENCY LEARNING EXPERIENCE WAS THE LEAST BENEFICIAL? HOW WOULD YOU IMPROVE THIS LEARNING EXPERIENCE? *(Max 700 characters)*

WHERE/WAS YOUR PGY-1 RESIDENCY COMPLETED? *(Max 500 characters)*

WHAT IS/WAS YOUR PGY-1 MAJOR RESIDENCY PROJECT TITLE AND DESCRIPTION? *(submit a copy of your residency project final manuscript, if completed) (Max 500 characters)*

J. Comments

LIST COMMENTS OR ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO VOLUNTEER THAT MAY NOT BE ADDRESSED ELSEWHERE IN THE APPLICATION MATERIALS. *(Max 500 characters)*