



640 S. State Street  
Dover, Delaware 19901  
(302) 744-7021

Dear Residency Applicant:

Thank you for your interest in the postgraduate year one residency program at the Bayhealth Medical Center.

The postgraduate year one residency program at Bayhealth Medical Center is based on the ASHP Residency Learning System. A structure/goal-oriented program is designed to meet the resident's need. The resident will experience several different rotations lasting 4-8 weeks along with an ambulatory care rotation, present an ACPE accredited continuing education seminar, conduct a Medication Use Evaluation Study, conduct a residency research project and provide clinical instruction to sixth year Pharm.D. candidates. The current staffing commitment for the postgraduate year one resident is every third weekend and one evening every other week.

To apply for the postgraduate year one residency program at Bayhealth Medical Center, you must fill out the application for Residency Program, submit curriculum vitae, three letters of recommendation, and transcripts by February 6, 2009.

An on-site interview in Dover, Delaware is required for qualified applicants. I will be contacting you regarding interviews. Interviews will be an all day process. I understand that the application process may be a daunting experience, but the staff at Bayhealth Medical center is striving to make the process as informative as possible. If you have any questions or concerns, please feel free to contact me or any member of the residency committee.

Alex Zarow, RPh, MBA  
Director of Pharmacy Services  
Director of Residency Program  
(302) 744 - 7021  
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## Application for Postgraduate Year One (PGY1) Residency

Name \_\_\_\_\_  
Last First Middle

1. Permanent Address:

\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(City, State, Zip Code)  
\_\_\_\_\_  
(Telephone)

2. Current Address:

\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(City, State, Zip Code)  
\_\_\_\_\_  
(Telephone)  
\_\_\_\_\_  
(E-mail Address)

I will be at this address (circle 1 or 2) until \_\_\_\_\_

ASHP Match Number \_\_\_\_\_

States in which you are licensed (if any) \_\_\_\_\_

Who referred you to this program? \_\_\_\_\_

**In addition to this application please submit the following:**

- Curriculum Vitae
- Official copy of college/university transcripts
- A letter of interest
- Three letters of reference (2 faculty, 1 employer)

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Provide a brief reason (twenty-five words or less) for seeking a residency position.

Describe why you are interested in coming to Bayhealth Medical Center to participate in our Residency Program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_