**Eskenazi Health**

**PGY1 Pharmacy Residency Program**

**Supplemental Application**

*Instructions to the applicant:* Please complete the following supplemental application form for the Eskenazi Health PGY1 Pharmacy Residency Program. Completed applications should be typed using Arial font, 10 pt. Completed applications should be *NO LONGER* than two (2), single-spaced, typed pages. Additional information beyond 2 pages *WILL NOT* be considered as part of the application. Please upload the completed supplemental form as part of your application in the PhORCAS system.

1. Do you have present authorization to work in the United States on a full-time basis (*there is no sponsorship for H-1B status for this position*)? Please state yes or no.
2. What are three (3) reasons that you feel you and the Eskenazi Health pharmacy residency program are a good match?
3. Describe the qualities of the preceptor from whom you learned the most. What made him/her stand out as a preceptor?

What were the qualities of the preceptor from whom you learned the least?

1. Tell us about a time you experienced a challenging situation and needed to bounce back.
2. Describe a time when you had to adapt to a wide variety of people by accepting or understand their perspectives.