**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 in lieu of a letter of interest/intent. Responses should be typed using Arial font, 10 pt and should be *NO LONGER* than two, single-spaced, typed pages. Additional information beyond two pages *WILL NOT* be considered as part of the application. Please include your name on the document and upload the completed supplemental form in place of your letter of intent/interest in the PhORCAS system.

1. **Identify three reasons that you feel you and the Eskenazi Health pharmacy residency program are a good match. Provide us with specific examples of how you feel either the program will benefit your personal/professional development or how you demonstrate alignment with the organization’s mission and values.**
2. **Tell us about a specific time when you had to solve a problem on rotation or in the workplace with very little guidance or direction.**

1. **Tell us about a specific time you experienced a challenging situation and needed to bounce back.**
2. **What specific experiences have you had that have positively contributed to diversity, inclusion or equity either at your school or in the workplace?**