

## **PHARMACY PRACTICE RESIDENCY PROGRAM GENERAL INSTRUCTIONS**

### **Submission**

The following information should be submitted to the following address:

Dawn Mayer, PharmD  
St. Alexius Medical Center  
Department of Pharmacy  
900 East Broadway Avenue,  
PO Box 5510  
Bismarck, ND 58506-5510

### **1. Curriculum Vitae**

### **2. Transcript**

Submit a transcript of college work courses completed.

### **3. Personal Letter**

Enclose a concise statement of your professional goals, both short term and long term. Include why you want to pursue residency training and why you are specifically interested in the St. Alexius Medical Center PGY1 Residency Program.

### **4. Recommendations**

Submit three recommendations from previous pharmacy employers or clinical faculty. Provide each individual, who is writing a recommendation, a copy of the enclosed ASHP standardized residency applicant recommendation request form.

### **Deadline**

Applications should be received by February 1st.

### **Interview**

An on-site interview at St. Alexius Medical Center is required.

### **Questions**

If you have questions contact Dawn Mayer at (701) 530-6930 or via email at [dmayer@primecare.org](mailto:dmayer@primecare.org)