

PGY2 ONCOLOGY Pharmacy Residency Application

Wellstar MCG Health (Supplement to PhORCAS online materials)



AFFILIATED WITH MEDICAL COLLEGE OF GEORGIA



UNIVERSITY OF
GEORGIA
College of Pharmacy

Deadline for receipt is same as PHORCAS deadline

Name: _____
(last) (first) (middle)

Describe at least two personal goals you have for your PGY2 year and how our residency program in particular can help you meet your goals.

By checking this box, I waive the right to review any letters of recommendation submitted on my behalf.

Typing your name below will serve as your electronic signature

Signature: _____ Date: _____