



Prospect Medical Group

PGY-1 Managed Care Pharmacy Residency Program

Name: _____
Last First Middle

Pharmacy School: _____

Contact Information

Address City State Zip

Email Address Phone Number

Permanent Address (if different from above)

Address City State Zip

Application Requirements

Please compile and send all of the following via email with this application form by January 15, 2020.

- Completed application form
- Copy of active pharmacy intern, pharmacists license, or eligibility for licensure in the state of California
- Letter of intent summarizing candidate's interest in managed care
- Current curriculum vitae
- Wallet sized photo of yourself
- Two letters of recommendation (sent directly from the letter-writers)
- Official pharmacy school transcript (sent directly from the school)

I certify that all information in the application materials is complete and accurate to the best of my knowledge.

Signature Date

Please email all completed application materials to:

pharmacyresidency@prospectmedical.com

Transcripts may also be mailed to:
Attention: Julie Park, PharmD
Pharmacy Department
600 City Parkway West, Suite 800 Orange, CA 92868