



CEDARS-SINAI MEDICAL CENTER.  
Department of Pharmacy Services

Residency Program Application

- Applying for:       Pharmacy Practice PGY-1 (1<sup>st</sup> year)
- (Please Check One)*     Informatics/Technology (2-year residency)
- Medication Management & Systems (1<sup>st</sup> year)
- Management & Leadership (2<sup>nd</sup> year)

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (Daytime #  
During January): \_\_\_\_\_

Pharmacy School  
Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please send this form along with **curriculum vitae, transcripts** (request official transcripts to be sent directly), **letter of intent, one (1) 2x2 passport photo** and **three (3) letters of reference** to:

**Frank Saya, PharmD, FASHP, FCSHP**  
***Residency Program Director***  
Department of Pharmacy Services  
Cedars-Sinai Medical Center  
8700 Beverly Blvd., Room A-903  
Los Angeles, CA 90048  
Phone: (310) 423-5611 Fax: (310) 423-0412

**APPLICATION MUST BE RECEIVED BY JANUARY 8, 2010**