PHARMACY RESIDENCY PROGRAMS

LOMA LINDA UNIVERSITY

*Application for*

*INFECTIOUS DISEASES Fellowship Program*

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| **APPLICANT INFORMATION** | |
| Last  Name | First  Name |
| Address | |
| City | State/Zip |
| Telephone  Number | Email  Address |

# This application form and the following materials must be emailed by

# April 18th, 2022:

* A letter of intent describing your background, experiences and how a residency program will benefit your professional growth
* Curriculum vitae
* Response to Loma Linda University Mission Statement (please see website)
* An unofficial transcript from your School of Pharmacy

**Threeletters of recommendation along with recommendation forms must be sent directly from your reference via email by April 18th 2022:**

***Please send references to:***

Karen Tan, Pharm.D, BCIDP

Director, Pharmacy Fellowship Infectious Disease Program Loma Linda University Medical Center

11234 Anderson St. Loma Linda, CA 92354 Phone: (909) 558-4000, ext. 19961

Email: KarenTan@llu.edu

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| --- | --- |
| **List all colleges/universities attended** | |
| Name of College/University | Degree |
| Dates Attended | |
| Name of College/University | Degree |
| Dates Attended | |

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| --- | --- |
| **List of References**  Please list the names, titles, and addresses of the individuals whom you have requested to send letters of reference. | |
| 1. Name | Title/Affiliation |
| Address | |
| 2. Name | Title/Affiliation |
| Address | |
| 3. Name | Title/Affiliation |
| Address | |