

# LOMA LINDA UNIVERSITY

## *Application for Post Graduate Year One Community Practice Residency Program*

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

**This application form must be postmarked by Friday, January 6, 2017.**

**In addition to this form, please include:**

- ☐ A letter of intent describing your background, experiences and how a residency program will benefit your professional growth
- ☐ Curriculum vitae

**The following application materials must be postmarked by Friday, January 6, 2017:**

- ☐ An official academic transcript sent directly from all Colleges of Pharmacy attended
- ☐ **Three** letters of recommendations along with recommendation forms sent directly from your reference

***Please send references to:***

Norman Hamada, PharmD,  
Director of Clinical Pharmacy Services  
Loma Linda University Medical Center Pharmacy  
11223 Campus Street  
Loma Linda, CA 92354  
Phone: (909) 558-4000, Ext 47386  
Email: nhamada@llu.edu

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

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	