



LOMA LINDA  
UNIVERSITY  
PHARMACY RESIDENCY  
PROGRAMS

# LOMA LINDA UNIVERSITY

## Application for Post Graduate Year Two PHARMACY ADMINISTRATION 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 3, 2014.**

**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 3, 2014:**

- 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:***

Norm Hamada, PharmD  
Director, Clinical Pharmacy Services  
Loma Linda University Medical Center  
11223 Campus Street, Loma Linda, CA 92354  
(909) 558-4000 Ext 47386  
E-mail: 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	