

Personal Info



Title	<small>Name</small> John Doe
Former last name	
Phone	Alternative Phone
Address	
Apartment/Unit #	
Country	Province / State
City	Postal code / Zip code

Status



Are you a Canadian citizen, landed immigrant, or holder of a valid Canadian work permit?

Yes No

Do you expect to be licensed at the time the residency program would begin?

Yes No

Education



Upload Transcript PDFs

Filename

Size

No file chosen

Secondary and Post-Secondary Education

You must include at least one Secondary and one Post-Secondary institution, and upload at least one Post-Secondary Transcript for your application to be considered complete. Upload all of your transcripts above in PDF format. Then in each education entry below, select the appropriate file from your attachments (if applicable). You can only include one file per education entry. If you have more than one transcript for a single course or certification, please combine them into one PDF before uploading.

Unofficial (i.e. unsealed) transcripts in PDF format are acceptable

Education level



School name

Location

July



2018



July



2018



 Remove education #1

Add education

Pharmacy Education

Have you completed directed studies and/or graded projects that were in addition to the requirements of your program?

Yes No

List up to 5 elective courses, directed studies, graded projects, or other relevant education experiences that you wish to highlight.

Course

Description

Max 500 characters

0/500

 Remove course #1

Add course

Have you completed any experiential/practicum placements?

Yes No

List up to 10 experiential/practicum placements you have completed and/or will have completed by the end of your pharmacy program.

Name of Practicum/Rotation

Brief Description (hospital, ambulatory care, etc.)

July



2018



July



2018



 Remove placement #1

Work Experience (including paid co-op experiences)



Please exclude program-related experiential rotations.

Position

Organization

Location

July

2018

To present

Supervisor

Supervisor position

Supervisor email

Duties

Max 500 characters

0/500

Remove # 1

Add work experience

Community Service / Volunteer Experience



Please list community service or volunteer experience that is independent of your pharmacy training.

Position

Organization

Location

July

2018

To present

Supervisor

Supervisor position

Supervisor email

Duties

Max 500 characters

0/500

Remove # 1

^ Leadership Experience



List pharmacy-related and non-pharmacy-related leadership activities, starting with your most recent experience.

Position	Organization
Location	
July	2018
<input checked="" type="checkbox"/> To present	
Supervisor	
Supervisor position	Supervisor email
Duties	
Max 500 characters 0/500	
Remove #1	

Add leadership experience

^ Extracurricular Activities



List sports, performance in the arts, hobbies, including dates of involvement and organization, as applicable, starting with the most recent.

Extracurricular activities:

Max 500 characters 0/500



Publications and Major Presentations

Provide the names and dates and any brief details of publications and major presentations (excluding those required by the pharmacy program).

Publications

Max 500 characters

0/500

Professional Organizations/Affiliations/Memberships

List memberships with professional organizations including dates of involvement, starting with the most recent.

Memberships

Max 500 characters

0/500

Awards and Scholarships (please include any dollar amounts)

Name

Description

Max 500 characters

0/500

 Remove #1

Add award/scholarship



Please provide an essay describing the following (max. 600 words / 4000 characters):

- Your reason for applying for a residency program and how it aligns with your career goals.
- Your expectations of a residency program
- How your life experiences to date have prepared you for a residency program
- Tell us something about yourself that we have not asked of you in this application.

Essay