

**IHS PHARMACY RESIDENCY PROGRAM  
Prospective Resident Survey**

**INTERVIEW:**

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

**The purpose of this survey is to provide basic information for the residency sites that will be used along with other application materials and possibly interviews to determine resident candidate potential. Please provide typed responses.**

**A. Work Experience** (past and present, not including clerkship/rotations)

Please indicate if currently working in any of these areas:

Hospital Experience:

Retail Experience:

Ambulatory Care Experience:

Other relevant work experience:

**B. Skills/Abilities**

Skill	Yes/No	Comments
Inpatient order entry/dispensing		
Sterile IVPB/LVP preparation		
Chemotherapy or nuclear pharmacy experience		
ADR monitoring & reporting		
Pharmacokinetics: <input type="checkbox"/> Computer supported? <input type="checkbox"/> Manual calculations?		(if via computer, which program?)
Drug utilization review?		

Explain		
Investigational drugs or research projects:  <input type="checkbox"/> Protocol writing <input type="checkbox"/> IRB process <input type="checkbox"/> Record keeping <input type="checkbox"/> Publications		(explain)
Teaching experience?		(explain)
Pharmacy-based clinics and/or certifications? (ex. Anticoagulation, Lipid Clinics, Tobacco Cessation, Immunizations, etc.)		

### C. Professional Development

Areas of specific interest: Rank 6 of the following according to your interests with #1 being the highest level of interest

- |                                           |                                                |                                              |
|-------------------------------------------|------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Administration   | <input type="checkbox"/> GI disorders          | <input type="checkbox"/> Nutritional support |
| <input type="checkbox"/> Ambulatory care  | <input type="checkbox"/> Geriatric medicine    | <input type="checkbox"/> Oncology            |
| <input type="checkbox"/> Anticoagulation  | <input type="checkbox"/> HIV medicine          | <input type="checkbox"/> Informatics         |
| <input type="checkbox"/> Cardiology       | <input type="checkbox"/> Infectious disease    | <input type="checkbox"/> Pediatrics          |
| <input type="checkbox"/> Critical Care    | <input type="checkbox"/> Internal medicine     | <input type="checkbox"/> Pharmacokinetics    |
| <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Investigational drugs | <input type="checkbox"/> Psychiatry          |
| <input type="checkbox"/> Drug information | <input type="checkbox"/> Neurology             | <input type="checkbox"/> Nephrology          |

Which committees/work groups would you like to be involved with?

- |                                                                   |                                                   |
|-------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Morbidity and Mortality                  | <input type="checkbox"/> Nursing/Pharmacy         |
| <input type="checkbox"/> Nutritional Support                      | <input type="checkbox"/> Pharmacy Management      |
| <input type="checkbox"/> Pharmacy and Therapeutics                | <input type="checkbox"/> Quality Assurance        |
| <input type="checkbox"/> Infection Control                        | <input type="checkbox"/> Critical Care            |
| <input type="checkbox"/> Joint Commission/accreditation standards | <input type="checkbox"/> Health Education         |
| <input type="checkbox"/> Emergency management                     | <input type="checkbox"/> Electronic Health Record |

What types of pharmacy projects would you like to initiate or participate in?

#### **D. Professional Activities**

Have you presented at local, state, or national pharmacy society meetings? What did you present? When?

What leadership positions have you held during pharmacy school?

What professional activities are you most proud of?

#### **E. Education and Training**

Which clinical rotation did you enjoy the most? Why

Which clinical rotation was the most beneficial? Why

Which clinical rotation was the least beneficial? Why?

If you had a chance to precept the above clinical rotation, what would you do differently?

#### **F. Goals**

What are your short-term goals?

What do you want to be doing in 5 years? 10 years?

What is your pharmacy career plan?

#### **G. Licensure**

IHS pharmacy residents are required to possess and maintain a current, unrestricted license in a State. Commissioned Officer pharmacist residents are expected to obtain licensure within several months of hire, based on their residency practice site policy. Civil Service or Tribal Hire residents must obtain licensure prior to starting residency.

1. Describe your current pharmacist licensure status, noting current licensure and

state, or anticipated date of licensure exam. If not yet licensed, when will you be eligible to sit for the NAPLEX and Law exams?

2. What is your plan for keeping current and maintaining your professional license in the field of pharmacy throughout your career?

**I. Comments**

List comments or any additional information that you would like to volunteer that may not be contained anywhere else in the application materials.