



PHARMACY SERVICES

830 South Gloster Street • Tupelo, Mississippi 38801

**ASHP POSTGRADUATE YEAR ONE (PGY1)
NMMC PHARMACY RESIDENCY APPLICATION**

PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

ASHP MATCH #: _____

PHARMACY LICENSURE:

State _____ License # _____ State _____ License # _____

If not licensed, anticipated date _____

Application for residency requires the following by February 1:

- 1. Completed residency application**
- 2. Current Curriculum Vitae**
- 3. Copies of official transcripts from all Colleges of Pharmacy attended**
- 4. Three letters of reference**
- 5. A formal interview (to be arranged after application review)**

Please address all correspondence to:

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Assistant Director of Pharmacy
Residency Director
Phone: 662-377-4361
Email: kgholson@nmhs.net