



## Inova Fairfax Hospital PGY-1 Pharmacy Practice Residency Application

Directions: Please download and complete this application electronically (available via website: <http://www.inova.org/pharmacyresidency> or email) and submit with completed materials in one envelope to:

Anna M Wodlinger Jackson, PharmD, BCPS  
PGY-1 Pharmacy Practice Residency Director  
Inova Fairfax Hospital, Department of Pharmacy  
3300 Gallows Road  
Falls Church, Virginia 22042

Please email ([anna.wodlinger-jackson@inova.org](mailto:anna.wodlinger-jackson@inova.org)) or call (703-776-2511) with any questions.

Applicant Name (first name, last name):

Address:

Phone number:

Email:

ASHP Match number:

Application materials to include in one completed envelope:

- Application
- Letter of interest describing personal and professional goals as they relate to clinical pharmacy practice
- Curriculum vitae
- Official transcript in a sealed envelope (can be mailed directly if necessary)
- Three professional letters of recommendation in sealed envelopes (suggested references include professors, preceptors and/or employers) including a request form.