



## NCPA Executive Residency Application

Application Form (also found at [www.ncpanet.org](http://www.ncpanet.org)): TYPE OR PRINT CLEARLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

NAME OF STUDENT: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER :(\_\_\_\_) \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

NCPA STUDENT MEMBERSHIP NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

WHICH ACCREDITED U.S. SCHOOL/COLLEGE OF PHARMACY DO/DID YOU ATTEND?  
\_\_\_\_\_

THIS FORM MUST BE COMPLETED AND ACCOMPANIED BY THE FOLLOWING:

- A letter of intent describing your career goals
- One official copy of pharmacy school transcripts (must have a minimum GPA of 2.0 on a 4.0 point scale)
- Resume/CV denoting accomplishments with the chapter, school, and state
- Provide two letters of recommendation from a current NCPA member (preferably a pharmacy owner) and a pharmacy school official endorsing your interest and ability to effectively participate in this dynamic environment

ALL MATERIALS MUST BE POSTMARKED BY: January 15, 2010

Send Applications to:  
NCPA Executive Residency Review  
100 Daingerfield Road \* Alexandria, VA 22314  
Email Caity Frail at [caity.frail@ncpanet.org](mailto:caity.frail@ncpanet.org) or fax 703.683.3619