





### Residency Training:

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Location: \_\_\_\_\_

Program Director: \_\_\_\_\_  
Name E-mail/Phone

### Professional Experience:

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Practice Site	Location	Position and Title	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Work Authorization/Licensure:

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The candidate MUST be authorized to work in the United States. Please check the appropriate box below:

U.S. Citizen                       Permanent U.S. Resident                       Other,  
explain \_\_\_\_\_

Are you licensed to practice pharmacy in the United States? \_\_\_\_\_

If yes, in what state? \_\_\_\_\_ Year licensed: \_\_\_\_\_ License #: \_\_\_\_\_

If no, please indicate the expected date of licensure examination: \_\_\_\_\_

### ASHP Match Registration:

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National Matching Service Identification Number \_\_\_\_\_

### Program of Interest:

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Please indicate the program you are applying for:

Pharmacy Practice- PGYI     Critical Care Medicine- PGYII



**For Pharmacy Practice- PGY I, please address all correspondence to the following:**

Radhan Gopalani, Pharm.D. BCPS  
Pharmacy Clinical Coordinator  
Residency Program Director-PGYI  
Baptist Hospital of Miami  
8900 North Kendall Drive  
Miami, FL 33176  
Tel: 786-596-6437  
Fax: 786-596-2497  
[radhang@baptisthealth.net](mailto:radhang@baptisthealth.net)

**For Critical Care-PGY II, please address all correspondence to the following:**

Heidi Clarke, Pharm.D.  
Clinical Manager/ICU Clinical Pharmacist  
Critical Care Pharmacy Specialist  
Residency Program Director-PGYII  
Baptist Hospital of Miami  
8900 North Kendall Drive  
Miami, FL 33176  
Tel: 786-596-5667  
Fax: 786-596-2497  
[heidic@baptisthelath.net](mailto:heidic@baptisthelath.net)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Note: The completed application and the required documents must be received by January 11<sup>th</sup> to allow evaluation for an on-site interview.**