

**Parkland Health & Hospital System
Department of Pharmacy Services**

Application for Psychiatry Residency

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

PGY-1 Pharmacy Practice Residency Site: _____

Colleges/Universities Attended:

Dates Attended	Name of Institution	Location	Degree

Rotations (Pharmacy Practice Experiences)

Site/Location	Rotation

Please Fax Your Application To:
Jennifer Nelson, Pharm.D., BCPP
Clinical Pharmacy Specialist, Psychiatry
Phone: 214-653-2671
Fax: 214-653-2949
jlnels@parknet.pmh.org