



**Regional Medical Center at Memphis
PGY1 Residency Program Application
NMS Code 15713**

Last Name:	First Name:	MI:
School Address (January-March): (Apt and Street)		
City:	State:	Zip:
Permanent Address: (Apt and Street)		
City:	State:	Zip:
Contact Telephone:	Telephone (January-March if different):	
E-mail:		

Application Requirements

1. Completed residency application (this document) and brief letter of intent
2. Current Curriculum Vitae
3. Official transcripts from all College of Pharmacy attended
4. Three letters of reference

After the above materials are received and evaluated, an onsite interview may be scheduled.

Application deadline for the Regional Medical Center at Memphis requires receipt of all materials by January 10th.

Please e-mail to: mlee@the-med.org or mail materials to:

Marilyn Lee, Pharm.D., BCPS
Residency Program Director
Regional Medical Center at Memphis
877 Jefferson Avenue
Memphis, TN 38103

Telephone: 901.545.7841
Fax: 901.545.7351