



James J. Peters VA Medical Center
130 West Kingsbridge Road
Bronx, New York 10468

Pharmacy Residency Program Pre-Residency Self Assessment

Name: _____ Date: _____

Please answer the following questions and upload to PhORCAS with other application materials (please limit to 3 to 5 sentences per question). **This information will allow the Program Director to complete a residency plan and schedule individualized to your needs.**

1. State your career goals, both short term (5 years) and long term (10-15 years).
2. Describe your current practice interests.
3. What are your strengths? This should include clinical as well as personal strengths.
4. List areas of weakness that you would like to improve during the residency; you may include clinical as well as personal areas.
5. Tell us about a non-pharmacy interest of yours.