

## Available Positions

**Residency Program:**

Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

**Available Positions:**

PMSR	PMSR/RRA	Program Year (PGY)	# of Available Positions

**Positions Open To:**

All Applicants
  CASPR Applicants Only  
 Only graduates from the following colleges: \_\_\_\_\_  
 \_\_\_\_\_

**Contact Information:**

Contact Name:	Phone:	Email:
Alternate Contact:	Phone:	Email:

**Application Materials Required:**

CASPR Application 
Current MAVs  
 NBPME Scores 
Other   
 Clinical Evaluations 
**Deadline for receipt of materials**  
 Transcripts 
\_\_\_\_\_

**Submit Application by:**

Email To: \_\_\_\_\_  Fax To #: \_\_\_\_\_  
 Postal Mail To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Interview Schedule Plan:** \_\_\_\_\_

**Additional Instructions/Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_