

American Society of Health-System Pharmacists

RESIDENT MATCHING PROGRAM

TO: The Applicant
FROM: National Matching Services Inc. (NMS)
RE: ASHP Resident Matching Program for Pharmacy Practice Positions Beginning in 2006

Recommended deadline for registering - January 13, 2006

Residency positions beginning in 2006 in pharmacy practice residency programs are offered to applicants through the ASHP Resident Matching Program (the "Match"). The Match is administered by National Matching Services Inc. (NMS) on behalf of the ASHP.

Eligibility

Programs: All pharmacy practice residency programs that are in an ASHP-accredited, provisionally accredited, or application-submitted status must participate in the Match, with the following exceptions: programs sponsored by the military or Public Health Service do not participate in the Match; participation in the Match is optional for pharmacy practice programs with emphasis in community care that are accredited by the ASHP in partnership with the American Pharmacists Association, and for managed care pharmacy practice programs that are accredited by the ASHP in partnership with the Academy of Managed Care Pharmacy.

Applicants: Participation in the Match is required for applicants interested in beginning a residency after June 1, 2006 in a pharmacy practice program that participates in the Match. To participate in the Match, you must be a graduate of or graduating from an ACPE-accredited college of pharmacy, or otherwise be eligible for licensure.

If you are a graduate of a foreign school of pharmacy, you must attach to your completed Applicant Agreement either a copy of your license for each state in which you are licensed, or a copy of your Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate. Information concerning the FPGEC certificate may be obtained by writing to the National Association of Boards of Pharmacy, Foreign Pharmacy Graduate Examination Committee, 1600 Feehanville Drive, Mount Prospect, IL 60056. The telephone number for the FPGEC is (847) 391-4406.

Matching Program Web Site

A web site has been established for the Match at the following address: www.natmatch.com/ashprmp. The web site address, particularly the last portion (ashprmp), must be entered in lower case. The information available on the web site includes: an overview of the operation of the Match; rules and eligibility criteria for participation in the Match; the detailed schedule of dates; and, a description of the matching process. Additional information will be added to the web site in the future as it becomes available, including a list of participating programs, instructions for preparing and submitting Rank Order Lists, individual applicant and institution Match results, lists of unmatched applicants and programs with positions available after the Match, etc.

Registration Procedures

Please complete the entire Applicant Agreement. Provide both a reliable mailing address and a reliable e-mail address where instructions and Match results can be sent to you during the period September, 2005 through March, 2006. Print your e-mail address very carefully, clearly distinguishing between the letter "L" and the number "1", the letter "O" and the number "0", etc. Also provide a telephone number at which you can be reached during the same period. You must **sign and date** the Applicant Agreement in the space provided on the form. Graduates of non-ACPE accredited colleges of pharmacy must also attach to their Agreement evidence of eligibility, as described previously.

Only signed Agreements returned with the full \$90 U.S. applicant fee payable to National Matching Services Inc. will be accepted. Payment of the applicant fee to National Matching Services Inc. must be by check or money order drawn on a U.S. or Canadian bank, or by an **International** postal money order (**NOT** a U.S. postal money order). Applicant fees are **non-refundable**.

Send **one** signed copy of your Applicant Agreement, together with your non-refundable applicant fee of \$90 U.S. payable to National Matching Services Inc., to the NMS office in Toronto at the address shown below. **When mailing materials to NMS in Toronto, be sure to affix sufficient postage to Canada.** You should retain a copy of the Applicant Agreement for your records. **Agreements should be received at NMS by January 13, 2006.**

After your Applicant Agreement and payment are received at NMS, you will be assigned an applicant Code Number to identify you in the Match. A confirmation will then be sent to you, either by regular mail or by e-mail, verifying receipt of your Agreement, advising you of your applicant Code Number, and confirming the information on file at NMS. You should provide your applicant Code Number to the programs to which you apply.

After you have registered for the Match, additional information regarding your participation in the Match, such as instructions for submitting Rank Order Lists and obtaining Match results, will be provided to you as outlined in the Schedule of Dates. Some or all of this information may be provided to you electronically.

PLEASE NOTE: If your e-mail program uses "Spam" or "Junk Mail" filtering, it is possible that e-mail from NMS, including your registration confirmation, will be automatically redirected to your "Junk Mail" folder without your knowledge. This has been a particular problem for AOL and Hotmail users, but it can affect others as well. If your e-mail program does use filtering, you should instruct it to accept all e-mail from ashprmp@natmatch.com, matchinfo@natmatch.com, and/or any other address with the domain @natmatch.com.

Applications to Programs

Your registration with the Match does NOT constitute an application to any of the programs participating in the Match. Applications to residency programs are made independently of the Match. Each residency program has its own application deadline date. This date is determined by the training site sponsoring the residency program, and therefore may be earlier than the January 13, 2006 deadline for registering for the Match.

Information on residency programs can be obtained from the online ASHP Residency Directory, which is available on the ASHP web site at **www.ashp.org** (under the Quick Link to Most Popular Pages, select the link for Residency Information, then select Online Residency Directory).

You must apply directly to any residency program in which you are interested. All application requirements, including interviews, must be completed early enough so that your Rank Order List can be submitted no later than the March 10, 2006 deadline.

Further Information

If you have any questions regarding the Match, or the procedures for registering for the Match, please contact NMS at:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario Canada M4S 3B1
Telephone: (416) 977-3431
Fax: (416) 977-5020
E-mail: ashprmp@natmatch.com

OR

National Matching Services Inc.
P.O. Box 1208
Lewiston, NY 14092-8208
Telephone: (716) 282-4013
Fax: (716) 282-0611

Note: All correspondence sent to NMS ultimately must reach the Toronto office; therefore, your correspondence will be received and processed sooner if you send it directly to the Toronto office.

American Society of Health-System Pharmacists

RESIDENT MATCHING PROGRAM

APPLICANT AGREEMENT

MATCHING PROGRAM FOR POSITIONS BEGINNING IN 2006

See the accompanying Terms of Applicant Agreement.

Please print clearly. Use the same order of names and initials on all applications and correspondence pertaining to the Match

APPLICANT NAME: _____
Last Name First Name Middle Initial

MAILING ADDRESS: _____
(for September, 2005 through March, 2006)
Street Address
Apt. #
City State Zip Code Country

TELEPHONE NO: () _____ SOCIAL SECURITY NUMBER: _____
Area Code Number

E-MAIL ADDRESS: _____

PHARMACY SCHOOL ATTENDED (include City and State) _____ GRADUATION DATE (mm/yy) _____

MOST ADVANCED DEGREE RECEIVED OR EXPECTED:
() B.S. () M.S. () Pharm.D. () Other _____

If you are a graduate of a foreign school of pharmacy and you wish to participate in the ASHP Resident Matching Program, you must be eligible to be licensed to practice pharmacy in the U.S. Please attach to this form either a copy of your license for each state in which you are licensed, or a copy of your FPGEC certificate.

This Agreement must be signed below and **returned with the non-refundable \$90 U.S. applicant fee. Agreements and fees should be submitted by January 13, 2006**, to:

National Matching Services Inc.
20 Holly Street, Suite 301
Toronto, Ontario, Canada M4S 3B1

OR

National Matching Services Inc.
P.O. Box 1208
Lewiston, NY 14092-8208

Note: Your Agreement will be received and processed sooner if you send it directly to the Toronto address.

I have reviewed and agree to comply with the Terms of Applicant Agreement:

Signature of Applicant _____ Date _____

NMS USE ONLY		
RECD: _____	CHQ: _____	SCHL: _____
ENT'D: _____	AMT: _____	CODE: _____

TERMS OF APPLICANT AGREEMENT

I plan to apply for a pharmacy practice residency position to start between June 1, 2006 and December 31, 2006. I agree to participate in and to abide by the policies of the ASHP Resident Matching Program (the "Match"). Specifically, I agree:

1. To abide by the Schedule of Dates of the Match, which is incorporated by reference in and is an integral part of this Agreement.
2. To provide complete and accurate information to the Match as well as to all residency programs to which I apply.
3. Not to make any commitments to or contracts with any participating program prior to the release of the Match results. If I choose to accept a position at a program that is not participating in the Match, or decide not to participate in the Match for any other reason, then I will submit a withdrawal from the Match, and will NOT submit a Rank Order List for the Match.
4. To accept appointment to the program with which I am matched. I understand that I cannot avoid accepting appointment to the program with which I have been matched without a written release from the program concerned; also, that another program participating in the Match cannot offer me a position unless I have this release.
5. To send herewith a non-refundable applicant fee of \$90.00 U.S. payable to National Matching Services Inc.

I understand that I am free to make personal contacts with any participating program in which I am interested, to apply to as many of these programs as I wish, and to rank them according to my judgement.

I understand further that no participating program has the right to require that I state how I intend to rank any program. I also understand that I have no right to demand that a program inform me as to how it intends to rank any applicant.

I understand that any statement or other expression concerning how I intend to rank a program or how a program intends to rank me is subject to change based on further considerations, until the deadline for submission of Rank Order Lists. **Both the program and I have the right to change our minds at any time prior to the submission of the Rank Order Lists.**

For the purposes of the Match, my Rank Order List is to be the sole determinant of my order of preference for the programs to which I have applied. Similarly, for the purposes of the Match, the Rank Order List submitted by each program is to be the sole determinant of the program's order of preference for the applicants to the program.

I understand and agree that information concerning my participation in the Match, including my Match result, may be provided to me electronically.

I understand that the result I obtain in the Match, whether I am matched or not and to which residency program I have been matched, may be reported to my school, to programs participating in the Match, and to others, either by mail or electronically.

I understand that my appointment to the program with which I am matched may be contingent on my satisfying requirements for eligibility for appointment specified by the institution and program.

I understand that the ASHP possesses beneficiary standing to enforce this Agreement, and violations of the terms of this Agreement will be reported to the ASHP. I understand that if I violate any of the terms of this Agreement, such as refusing to accept a position at the program with which I have been matched, the ASHP may pursue all available remedies, including reporting my actions to my school. Furthermore, the ASHP may impose penalties on me, including barring me from participation in future ASHP Resident Matching Programs.