



Family Medical & Dental Centers

PGY1 Ambulatory Care Residency July 2013– June 2014

Family Medical and Dental Center of Palatka is one of 9 Medical Centers with 6 pharmacies, 2 Dental Centers, 1 hospital affiliation and 1 correctional institution affiliation located in Northeast Florida.

CONTACT INFO

Family Medical & Dental Centers
1302 River Street
Palatka, FL 32177
Phone: 386- 328-0558
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<http://www.fmdc.org>

Vice President/ Chief Pharmacy Officer
Larry W. Pederson, RPh, CPh
LPederson@fmdc.org

Current Resident
Kaila Letizia, PharmD
KLetizia@fmdc.org

Our Mission

Our mission is to provide accessible, affordable, high quality health care to the communities we serve.

Our Vision

To improve health outcomes in the communities we serve through the formation of partnerships and the provision of high quality preventive services and chronic disease management.

Our Values

As Associates of Family Medical and Dental Centers, we are committed to these values as our personal standards of performance:

C ompassion & Cultural Sensitivity
A ccredited, high quality services
R esponsive to patients & community needs
E xcellence in service, staff & facilities
S table & financially sound

Resident Learning Goals

The FMDC Ambulatory Care Pharmacy Residency is a one year long (July – June) program with two residents. During the year, each resident will experience and train in clinical care of patients in an outpatient setting. It serves as a valuable learning environment that will provide the resident with the opportunity to broaden their knowledge of asthma, diabetes, hypertension, cholesterol and warfarin therapy, in addition to other disease states that are commonly encountered in primary care. Improved management of chronic disease states and appropriate medication therapy are expected to help improve the patient's health status and reduce complications that lead to emergency room visits and hospital admissions. The resident will develop skills and techniques necessary to properly educate patients through patient interviews and obtaining medication histories.

Resident Learning Activities

During the first month of the residency, the resident will spend time becoming oriented to Family Medical and Dental Center and its employees.

There is currently a pharmacist managed anticoagulation and asthma clinic at the Palatka site. The resident is responsible for the Medication Therapy Management and Reconciliation opportunities at the Palatka site. The resident will also have the opportunity to teach/interact with students during their ambulatory care rotation and practicum internships.

As this is to be a University of Florida Affiliated Residency, the resident will be able to obtain a teaching certificate by the end of this rotation.

During the course of the program the resident will have the opportunity to develop and implement the following programs or others based on current interest:

- Diabetes management
- Cholesterol management
- Expanding current clinic to other sites

Qualifications of the Resident

Residents shall be graduates of an ACPE-accredited Doctor of Pharmacy degree program. Residents shall be licensed or eligible for licensure in Florida by the start of the residency.

Benefits

Current benefits include: a salary of at least \$ 37,500, medical and dental insurance, 11 paid holidays, 10 days of paid vacation/personal time off, and professional leave and travel allowance to attend national and regional meetings.

Application Process

The program is expanding to 2 residency positions. This residency is not part of the ASHP Resident Matching Program, but is in the process of applying for accreditation.

Please mail the following information: letter of intent, curriculum vitae, College of Pharmacy transcript, three letters of recommendation, and complete FMDC application.

Application deadline: January 18th, 2013



FAMILY MEDICAL AND DENTAL CENTERS

Application for Employment

Application may be returned to us in one of the following ways:

1. Fax to: (386) 325-1086 Attention: HR
2. Mail to: FMDC, PO Box 817, Palatka, FL 32178
3. Drop in person to the FMDC location at which you are seeking employment.

Today's Date: _____

Name: _____
Last First M.I.

Address: _____
Street City State Zip

Telephone: _____ Alternate Telephone: _____

Position Applying for: _____ Date Available: _____

Type of employment desired: Full-Time Part-Time

Location Applying for: Palatka (Dental) Palatka (Medical) Interlachen Crescent City Keystone Heights Hawthorne
Welaka Gainesville Dental St. Augustine Green Cove Springs Hastings

Referral Source and Name: _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed with this company before? Yes No

If yes, give dates and position _____

Are you legally eligible for employment in this country? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No

(answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account).

Driver's License # (if driving is an essential job function): _____

Employment History

Please list previous employment beginning with most recent employer.

Employment Dates	Name of Employer
1. From: _____ To: _____	_____
Job Title: _____	Address _____
Starting Pay: _____	Phone Number _____
Ending Pay: _____	Supervisor and Title _____
Reason for Leaving: _____	May We Contact Yes No
_____	Summary of Work Performed and Responsibilities: _____
_____	_____
_____	_____
2. From: _____ To: _____	_____
Job Title: _____	Address _____
Starting Pay: _____	Phone Number _____
Ending Pay: _____	Supervisor and Title _____
Reason for Leaving: _____	May We Contact Yes No
_____	Summary of Work Performed and Responsibilities: _____
_____	_____
_____	_____

Employment Dates	Name of Employer _____
3. From: _____ To: _____	Address _____
Job Title: _____	Phone Number _____
Starting Pay: _____	Supervisor and Title _____
Ending Pay: _____	May We Contact Yes No
Reason for Leaving: _____	Summary of Work Performed and Responsibilities: _____
_____	_____
_____	_____
4. From: _____ To: _____	Name of Employer _____
Job Title: _____	Address _____
Starting Pay: _____	Phone Number _____
Ending Pay: _____	Supervisor and Title _____
Reason for Leaving: _____	May We Contact Yes No
_____	Summary of Work Performed and Responsibilities: _____
_____	_____
_____	_____

Skills and Qualifications: List any training, skills, licenses and/or certifications that may be applicable to the position you are applying for: _____

Educational Background				
	Name and Location	# of Years Completed Graduate?	Major/Degree	Course of Study
High School	_____	Yes No	_____	_____
	_____		_____	_____
College	_____	Yes No	_____	_____
	_____		_____	_____
Other	_____	Yes No	_____	_____
	_____		_____	_____

References		
Name	Telephone	Years Known
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application; or (2) immediately discharge me from the employers service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, and organizations for furnishing such information about me.

I also understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on the basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** _____

**American Society of Health-System Pharmacists
Residency Applicant Recommendation Request Form**

**Request for Recommendation by Applicant to Pharmacy Residency Program at:
Family Medical and Dental Center**

To be completed by applicant: please print or type

Name of Applicant: _____
First Name MI Last Name

Street address or P.O. Box

City State Zip Telephone Number

I waive the right to review this recommendation.

Signature of Residency Applicant

To the recommender:

Please complete and return this form by January 18th, 2013

to: Larry W. Pederson, RPh, CPh
1302 River Street
Palatka, FL 32177

Applicants to the residency program specified above are required to have recommendations submitted by persons who are in a position to evaluate their qualifications for residency training. The recommender is asked to make a frank appraisal of the applicant's character, personality, abilities and suitability for a pharmacy residency. Recipients of this information are asked to keep it confidential.

For the recommender to complete:

I have known the applicant for approximately ____ (months) (years). My relationship to the applicant was (or is) in the following capacity:

faculty advisor employer
 clerkship preceptor supervisor
 other faculty relationship other (please specify) _____

I know him/her very well fairly well only casually

Does the applicant possess any special assets which should be noted?

Does the applicant demonstrate any weaknesses which you feel would hinder his/her ability to perform effectively in a residency program?

Other Comments:

Relative to persons of similar background, training and professional interests, how would you rate this applicant for each of the following characteristics? Please place an X under the rating column which best describes the applicant.

CHARACTERISTICS EVALUATED	UPPER 10%	UPPER 25%	UPPER 50%	LOWER 50%	NO BASIS FOR JUDGMENT
Academic ability					
Quality of work					
Written communication skills					
Oral communication skills					
Leadership skills					
Industriousness and perseverance					
Initiative and motivation					
Assertiveness					
Cooperativeness					
Ability to organize and manage time					
Ability to work with supervisors					
Ability to work with peers					
Ability to work with patients					
Dependability					
Resourcefulness and originality					
Willingness to accept constructive criticism					
Personal appearance and professional demeanor					
Commitment to professional practice					
Emotional stability and maturity					
Enthusiasm					
Integrity					

Recommendation concerning admission (check one):

I highly recommend this applicant.

I recommend this applicant, but with some reservation.

I recommend this applicant.

I am not able to recommend this applicant.

Signature of Recommender

Date

Name-typed or printed

Title and affiliation

Street address or P.O. Box

City

State

Zip

Telephone Number