

Prisma Health Upstate PGY1 Residency Application Supplemental Form

Applicant Name: _____

Please complete the supplemental form and upload into Phorcas with application. Your application will not be marked as complete if this form is not included in Phorcas.

Indicate the type of research you have been involved with during pharmacy school. (select all that apply)

- Prospective research study (IRB approved)
 - Retrospective research study (IRB approved)
 - Medication use evaluation
 - Review article
 - No research involvement
 - Other:
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Indicate your involvement with research project(s) notated above: (select all that apply)

- Background/Literature search
 - Wrote and submitted IRB approval
 - Data collection
 - Data/statistical analysis
 - Other:
 - Not applicable
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Indicate presentation or publication involvement with research notated above: (select all that apply)

- Abstract development/submission
 - Manuscript
 - Poster design
 - Poster presentation
 - Platform presentation
 - Other:
 - Not applicable
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Indicate contribution to manuscript for study listed above: (select all that apply)

- Original author
- Contributed a section of manuscript (i.e. background, results, discussion)
- Manuscript reviewer
- Manuscript edits
- Not applicable